VOL. 17 NO. 10

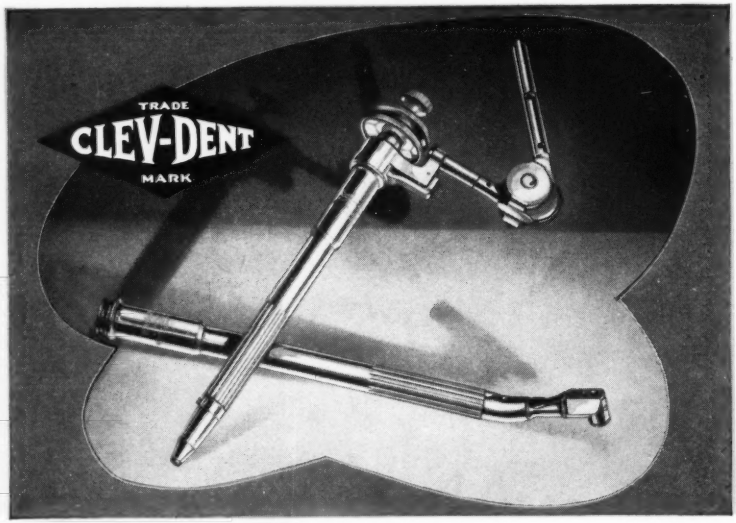
Oral Hygiene

OCTOBER 1955

Against the Cleveland skyline an ore freighter, assisted by a tug, moves up the Cuyahoga River. The Ohio State Dental Association will meet in Cleveland November 13 to 16.

In this issue:

NO COMPLAINTS FROM THE PATIENT



Sani-Terry HANDPIECES

Interchangeable sheaths snap into place without adjustment. This sanitary precaution is possible only with SANI-TERRY HANDPIECES.

True running, free of vibration, these handpieces lessen operator fatigue and reduce patient discomfort. Weight is *balanced* at the point where the handpiece is naturally grasped thus preventing backward drag on the wrist.

Cleve-Dent Contra Angle U may be used with the SANI-TERRY HANDPIECE if preferred. It fits with close accuracy and is free of vibration.

Full Details on Request

Long, hardened steel, parallel bearing at spindle end resists wear.

The Sani-Terry Contra-Angle is driven by two lugs eliminating wear on the bur chuck.

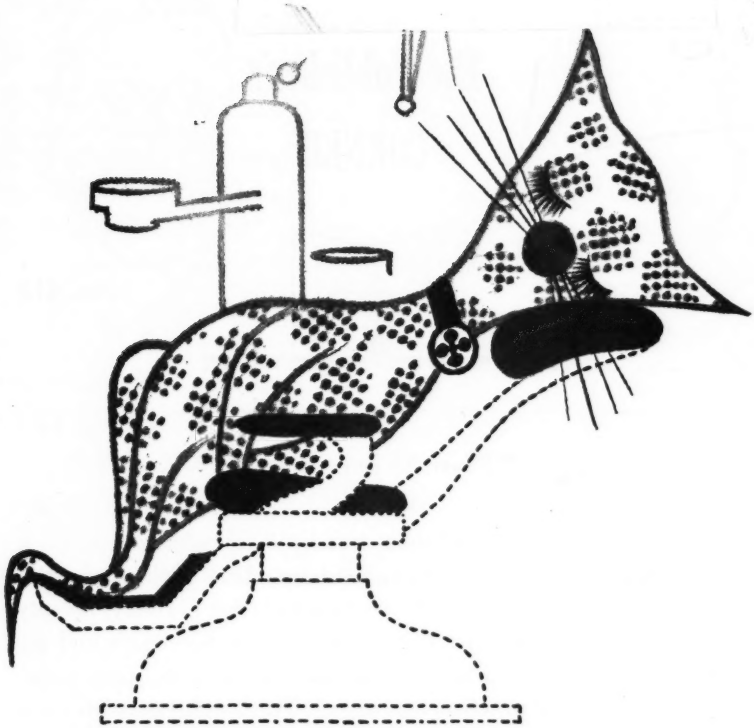
Serving the Profession since 1893

The Cleveland Dental

CLEV-DENT

MANUFACTURING COMPANY

CLEVELAND 1, OHIO



at nap in a dental chair?

Well, hardly, but you may hear a purr of gratitude from patients when you give Anacin Tablets for relief of dental pain.

NEW EVIDENCE OF ANACIN'S SUPERIORITY

A clinical report, soon to be available to the profession, again confirms the superior speed of analgesic action provided by Anacin. A series of tests on a significant number of patients proved that the main metabolite of one of the pain-relieving ingredients in Anacin appeared in the bloodstream minutes before either salicylates (aspirin) or buffered salicylates. You can be assured of speed of action when you use and recommend dependable, long-lasting Anacin Tablets.

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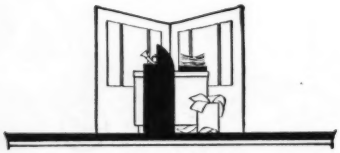
The Publisher's CORNER

By Mass

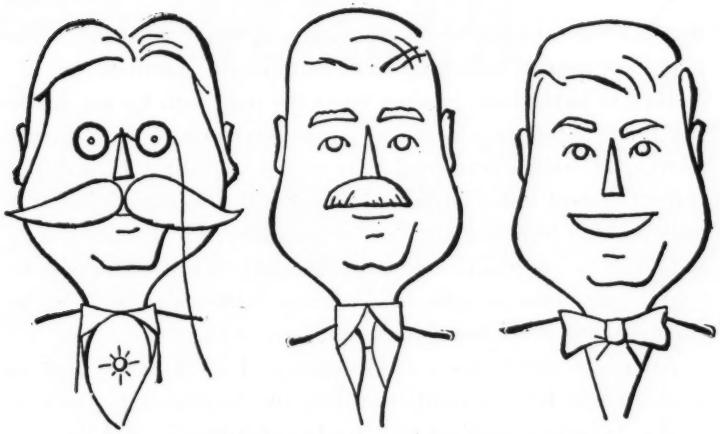


No. 411

"The Wire King"

HE WAS fifteen years old then, was little Johnnie Lehner. So it wasn't strange that he was a circus lover. Most urchins are. But Johnnie did something about it—most kids don't. Today, seventy years later, Doctor John Lehner remembers those days and the circus career they led to before he entered the dental profession. Now he is living in retirement here in Pittsburgh (where his son John, Jr., is in practice).

A slack-wire performer (who perhaps never knew it) really started little Johnnie Lehner on his circus career—a career no one else has ever matched, even to this day. The unknown performer fascinated the lad who had already become proficient in walking fence-tops and in similar balancing feats. Now he rigged a slack wire in the Lehner backyard and started practicing. The other kids had laughed loud and long when Johnnie told them what he was going to do. But they soon stopped laughing: almost immediately, young Lehner had awed them. He not only walked



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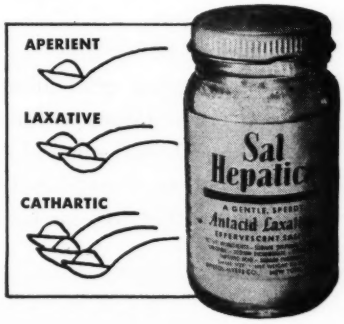
Since 1897, doctors have consistently prescribed SAL HEPATICA for prompt relief of intestinal stasis. When SAL HEPATICA is taken one-half hour before supper, relief is obtained before bedtime. When taken before breakfast results are usually achieved within an hour.

SAL HEPATICA acts so promptly because it is antacid and effervescent, lessening the emptying time of the stomach. Its osmotic action draws water into the intestine, providing a fluid bulk which is a prompt but gentle stimulus to evacuation.

Pleasant-tasting SAL HEPATICA acts without griping. Being antacid it relieves the hyperacidity frequently accompanying constipation.

SAL HEPATICA is prescribed by many dentists as part of their post-extraction routine.



BRISTOL-MYERS CO., 19 West 50 Street, New York 20, N. Y.

the wire but sat on it, stood erect upon it, then lay on it. And he kept learning new balancing feats, continually practiced.

He was only nineteen when he hit the road with his act, working the small-town circuit, a precarious way to earn eating money he soon discovered. The next year, 1889, turned out better: he went with a medicine show. But that job didn't last; the boss decided he couldn't afford to pay John. He didn't know it, but that was his lucky day. If he had stayed with the show, he would have been caught in the great Johnstown flood where twenty of his medicine-show friends perished.

After the medicine-show experience, John Lehner went to work for the Klein circuit, traveling the Southwest for several weeks. Then he joined up with Jordan's Carnival—and then, in 1891, at twenty-two, became a headliner with the Great Western Circus. By that time he was doing stunts never before accomplished: for example, sitting in a chair balanced on the slack wire, eating lunch from a table also balanced on the wire. That's just a sample of John Lehner's skill, never matched by anyone else.

In 1892, he made a six-month showboat tour on the Mississippi and other rivers. The next year he starred at the World's Columbian Exposition in Chicago where he was billed as "The Wire King." Other assignments followed. Then came the decision to take up dentistry.

He entered Ohio State, restricting his wire work to vacation months. Following graduation in 1898, John Lehner quit the wire entirely and devoted himself to his profession and, before long, to his wife and son and daughter. He knew that show business and dentistry—and family life—wouldn't mix. John Lehner doesn't regret that decision he made fifty-eight long years ago.

Controlled WATER *when, where, how...*

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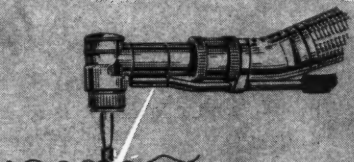
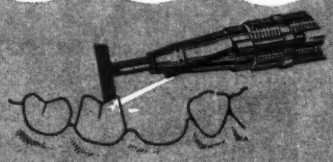


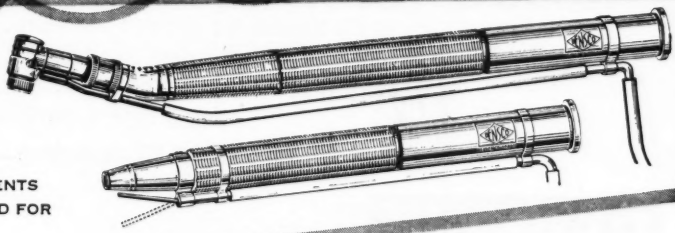


presenting the

Aquatrol" ®

(Permanently-Mounted Water Attachment)...

...for DENSCO A-F Handpieces



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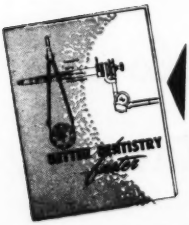
- Solidly attached to both straight handpiece and contra angle... More precise application of water... Better vision... Faster cutting... Maintains isothermic, therapeutic tooth temperature.



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PERFORMS ALL FIVE FUNCTIONS

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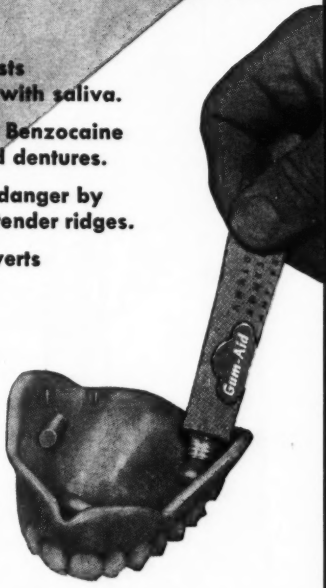

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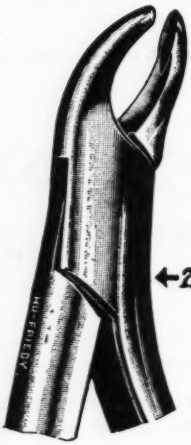

89-90

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Research in tooth extraction has proven that the efficiency of a forcep depends largely upon the construction of the beak, and has revealed that unsatisfactory results are frequently due to faulty beak design.

Hu-Friedy *Anatomical* forceps have been designed by distinguished authorities in oral surgery. The anatomical design of the beak conforms with the anatomy of the root—thus avoiding contact with the crown and eliminating undesirable conditions frequently created by other designs in general use. The result: *forceps that extract teeth skillfully and easily.*

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Request our catalogue, "Oral Art"—Complete line of anatomical forceps and other instruments.

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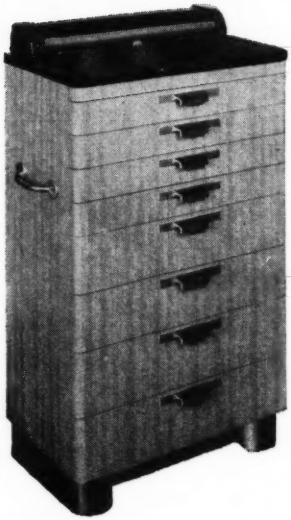

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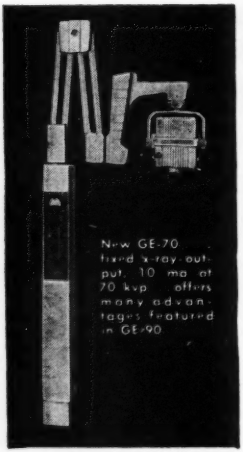
X-ray output increased 100%

Use any kilovoltage — 40 to 90 kvp — with the great new G-E Dental X-Ray Unit Model GE-90



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Safer for you and your patients, too. Highest inherent filtration—1.5 mm al. Extra, adjustable filters increase total to 2.5 mm al.

Easy does it! Small, compact tubehead with mechanical power assist is easy to maneuver. Also, 76-in. bracket extension and 22-in. vertical tube travel contribute to effortless radiography.

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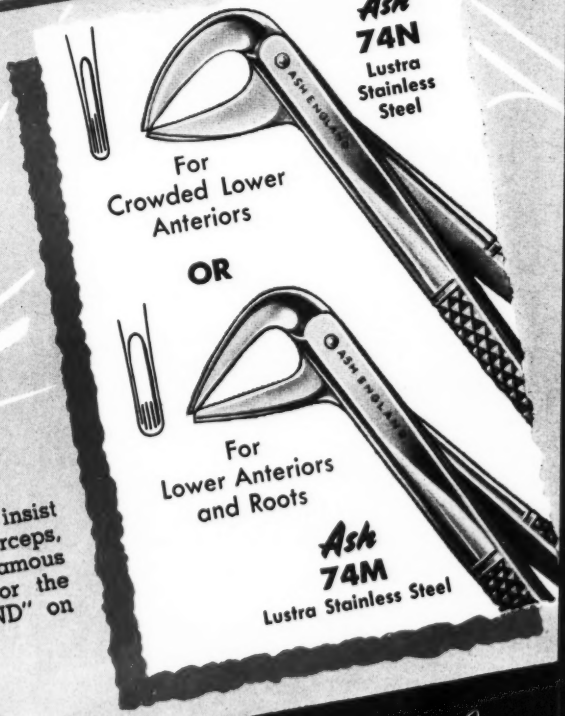

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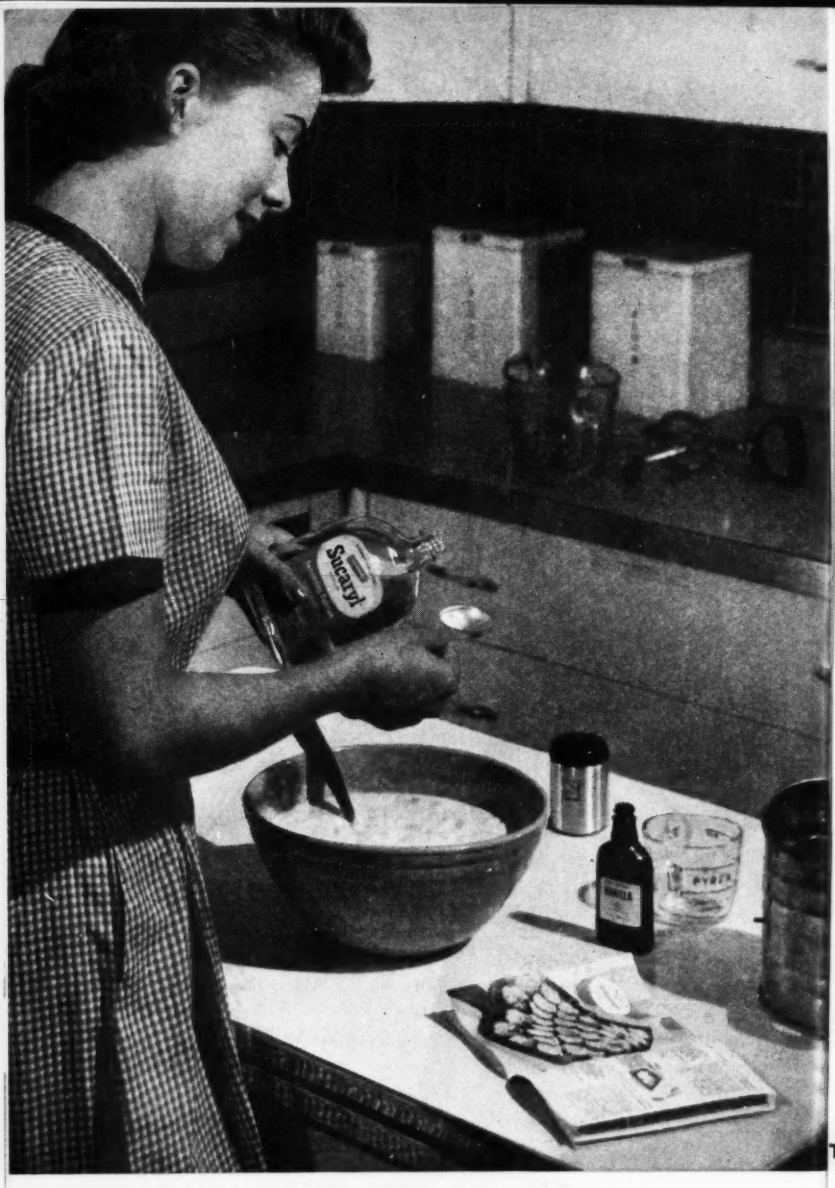

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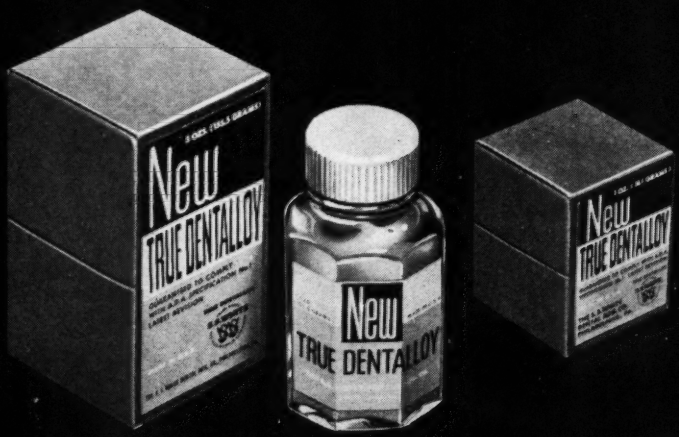

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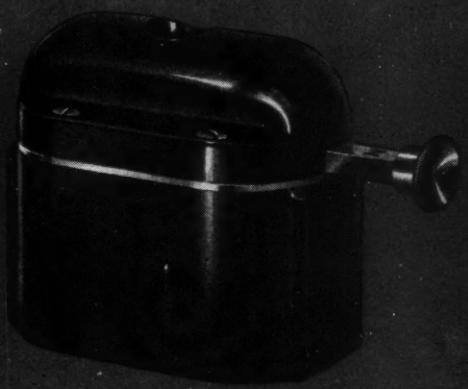
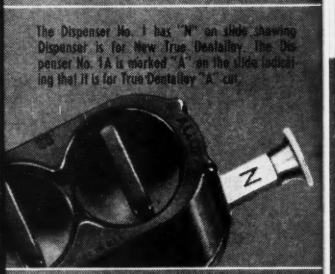


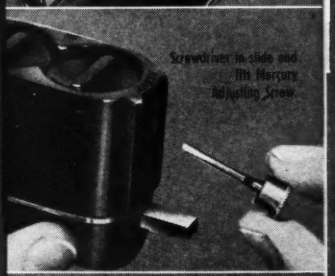
For the accurate dispensing of alloy and mercury, use S. S. White Dispenser No. 1 or No. 1A. The Dispenser No. 1 is specially designed for New True Dentalloy, it releases the correct alloy-mercury ratio for a 6.4 grain mix. When ordering New True Dentalloy, ask your dental salesman about this new dispenser.

Slide releases correct ratio of alloy and mercury.

Mercury and alloy wells clearly identified.

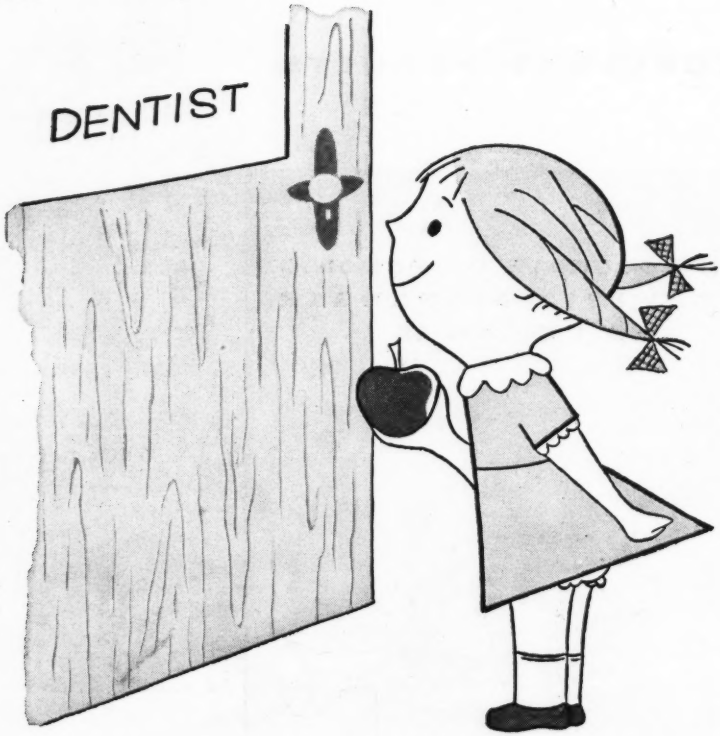
The Dispenser No. 1 has "N" on slide showing Dispenser is for New True Dentalloy. The Dispenser No. 1A is marked "A" on the slide indicating that it is for True Dentalloy "A" cut.





Screwdriver in slide and fits Mercury Adjusting Screw.

Dispenser lies flat. Turning agitates alloy, assuring uniform dispensing.



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Bracket Table Covers

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October 17-18-19-20

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Quality Paper Manufacturers Since 1852

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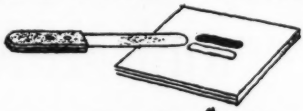
A proved rubber material



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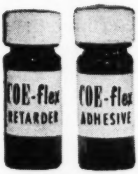

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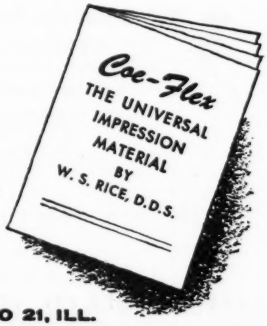

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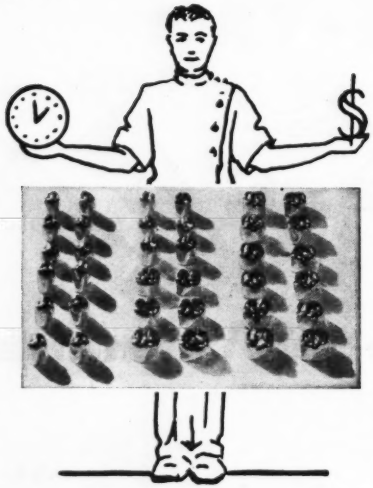

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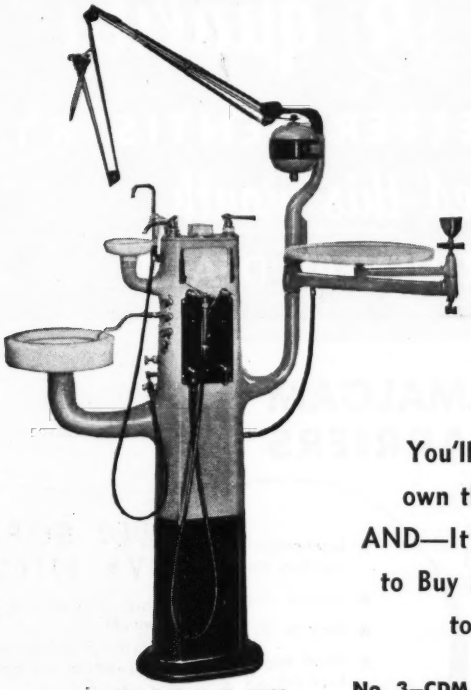

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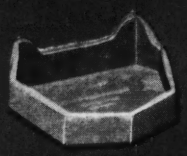

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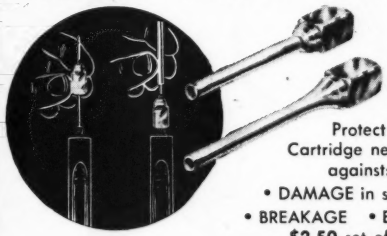

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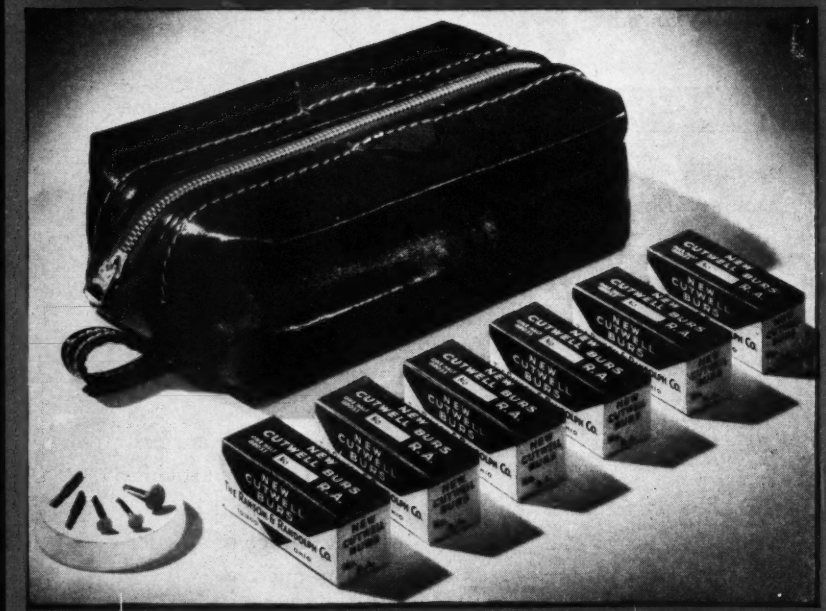

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VOL. 45, NO. 10 **Oral Hygiene** OCTOBER 1955

REGISTERED IN U. S. PATENT OFFICE

Net circulation more than 78,000 copies monthly

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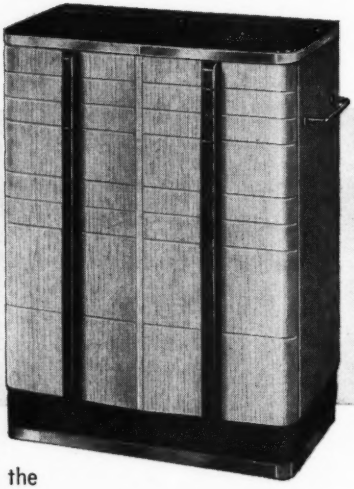
If it's efficiency

you want most in a cabinet...

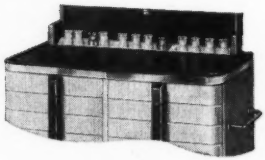
AMERICAN...by Hamilton

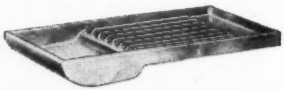


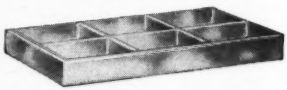
Maximum efficiency—inside and out. Typical American mobile cabinet—Model 176. Commodious, but moves easily on rollers—for instant access to 16 drawers, with 24 assorted glass trays (like those shown), 14 bottles in concealed medicine compartment, lead-lined film box, silicate and cement inserts. Raised-rim top of unbreakable, easy-to-clean gray grid Formica.

When you buy an American Cabinet — as the majority of dentists do — you make one of the soundest investments of your career. You acquire modern beauty for your office — convenience to make your work easier — and, above all, numerous features to complement your own skill for neat, swift, efficient dentistry.

Four of the five American models are mobile (permitting seated work) and every model is available in five handsome Colortone finishes. See them soon at your American dealer — or write us for his name.







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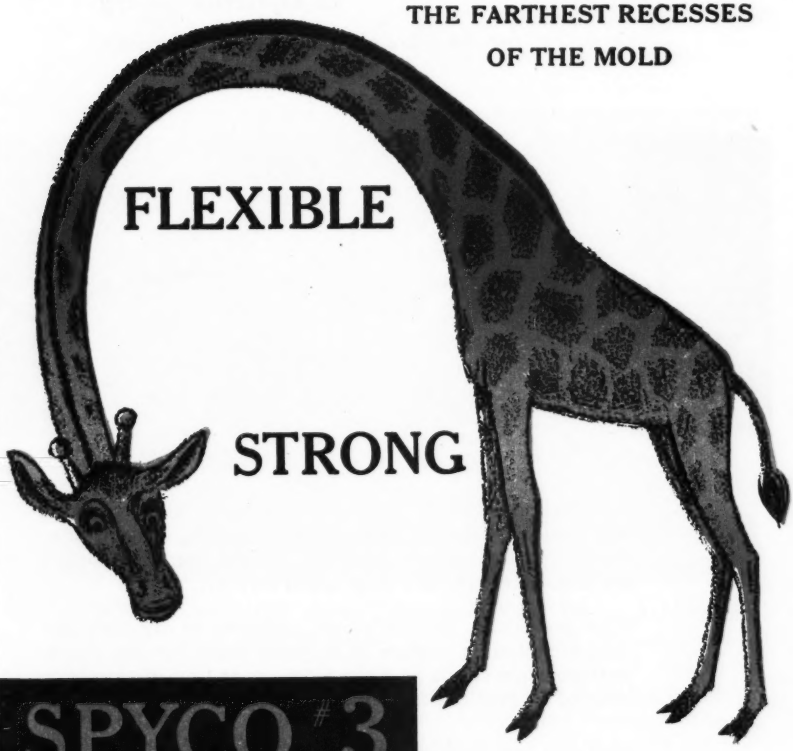

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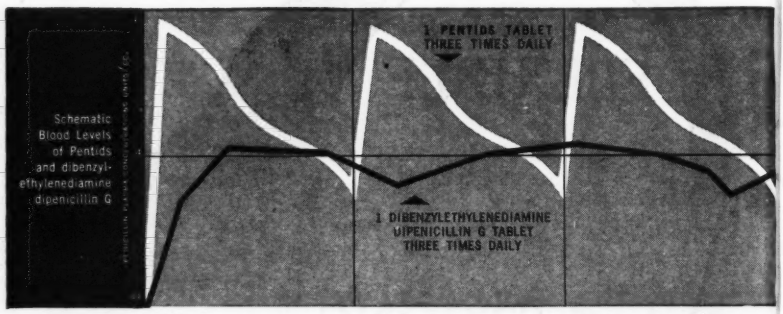
just 1 or 2 Pentids Tablets three times daily

as adjunctive therapy

for the more common dental infections



Pentids are particularly effective as adjunctive therapy for acute oral Vincent's disease, pericoronitis, alveolitis, dento-alveolar abscess, cellulitis, and osteomyelitis. Also for prophylaxis before and after extraction and other dental surgery.

When pre-existing cardiac lesions predispose to sub-acute bacterial endocarditis or there is extensive tissue trauma, parenteral penicillin should be given before or at time of extraction followed by Pentids postoperatively.

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(Squibb 200,000 Units Penicillin G Potassium)

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Dosage:

1 or 2 Pentids Tablets three times daily ½ hour before meals.

Supply:

Bottles of 12 and 100 tablets.

Also Available:

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CAPSULES—NEW! FOR CHILDREN

Dosage:

Contents of 1 or 2 Pentids Capsules three times daily ½ hour before meals.

Pentids Capsules are opened and their soluble penicillin is added to approximately 2 ounces of milk, fruit juice, ginger ale or similar vehicles.

Supply:

Bottles of 24 and 100 capsules.

SQUIBB

Picture of the Month

FOUR of the principals at the Connecticut State Dental Association's first Oral Cancer Institute discuss a point of interest between sessions. They are, from left to right, Doctor Harold V. Connolly of Bridgeport, Connecticut; Doctor Andrew J. Ackerman of New York City; Doctor Paul Boyle of the University of Pennsylvania; and Doctor Wilbur D. Johnson of New Haven, Chairman of the program. The conference was held at Yale University's Grace-New Haven Community Hospital. Included in the program were authoritative lectures on such topics as public health aspects of cancer, cancer of the head and neck, malignant oral tumors, dentists' responsibility in diagnosis and treatment of cancer and maxillofacial prostheses following cancer surgery of the head and neck. Participants in the institute submitted the questions used in a round-table discussion.—*Photograph submitted by Doctor Sidney Rafal, 99 Pratt Street, Hartford, Connecticut.*

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to ORAL HYGIENE, 708 *Church Street, Evanston, Illinois.*

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from one-piece solid Tungsten-Carbide Head-and-Neck—Precision-Ground—. plus "Lock-Weld"*

KERR Tungsten-Carbide
CARBEX BURS

- **Each Head-and-Neck—one piece of rigid tungsten-carbide!**
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*** Lock-Welded to Stainless Steel Shank—by exclusive Kerr Method!**

These three things result in Greater Concentricity and smoother faster-cutting Burs.

High Concentricity means virtual elimination of vibration—or *far less discomfort to patient.*

Smoother faster-cutting means less chair time for you.

Take advantage of these Lock-Welded one-piece Head-and-Neck Precision Burs. Order Kerr Carbex today!

All KERR Carbex Burs can be cold-sterilized.

Don't say Carbide—Say CARBEX

KERR

CARBEX BURS

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Established 1891
DETROIT 8, MICHIGAN

NO COMPLAINTS

from the Patient

BY IRVING H. GOLDSTEIN, DDS

WOULD YOU, as a dentist, drive a 1925 model automobile? I do not think so—in fact few dentists now drive a car older than three or four years. Yet, many dentists practice on a 1925 education or older. With clinics, short courses, study groups, state meetings, local dental society meetings, and many good textbooks with sound techniques and new improvements, any average dentist can improve his technique, modernize his theories, and give his patients the benefit of his increased skill.

All people are dental patients. Generally speaking, people of means, by that I refer to people in the upper income bracket, were not always in such good circumstances. It is true that some inherited wealth, but what I have in mind are the people who started small businesses in a small way, or those who were either just out of school or college, newly married with responsibilities, those working for average salaries, single working girls and boys—your patients and mine who came to us for dental services as they began to build their futures.

Are you doing your best to keep your patients satisfied?

These patients came to us for dental attention, and we proceeded to give them the best attention we knew, in keeping with their economic standing. Many dentists, during early days, were taught that amalgam was the finest of "filling" materials, in that it restored broken-down teeth to a state of health, had ease of manipulation, could be finished at one sitting, and was economical (in fees). So naturally, most patients during the early twenties had most operative service performed in amalgam. It was then, as it is to many even now, the restorative material of choice.

Many of these amalgam restorations still are standing today.

True, the edges may be rounded, the cusps weathered, chipped and flaked, the margins expanded, cracked and leaking, the contact points missing or gingival margins overflowing—but the restorations are still there, *and you have no complaints from the patient.*

Some of these patients still have the removable dentures we placed in their mouths some twelve, fifteen, or twenty years ago. It is true that the rests are missing from the clasps, and frequently the case is completely out of occlusion. Some of the teeth are fractured or missing from the case, and it is wobbling around in the mouth, with gingiva around the abutment teeth angry and threatening. *But no complaints from the patient.*

In some patients, you find a completely collapsed occlusion. In others you may find spaces that for various reasons never have had the missing teeth replaced. *But no complaints from the patient.* Many denture patients, over a period of years, have developed improper jaw relations because of the bite closure; some even have developed the chilosis or slits that result from constant drooling at the corners of the mouth. *But no complaints from the patient.* Some patients over a period of time have had a disfigured arrangement of anterior teeth, some may be just pegshaped laterals, others a spacing of the central incisors, which gives them a little less than pleasing appearance; others may have an off-color upper lateral or incisor that is bordering on the blue-gray, green, or even almost jet black look, just enough to cause an unsightly smile. *Still no complaints from the patient.*

Patients' Conversation

Patients like to talk about their dentist—the fine treatment he gives, what he has done for others, and what he presently may be doing for them. To the patient, his dentist is the best, and when he feels his dentist is slipping and not giving him the best attention, doubts begin to take root in his mind. That is when he begins to ask questions of his friends and neighbors or business associates about their dentist. You may not be aware of it, but *your* patient is beginning to contemplate a change —and when he does—it happens *fast.* He forgets all the years of efficient attention you have given him, the many times you saw him in your office on Sundays or nights to meet his convenience; he does not even give thought to the fact that you have preserved his teeth all these years. If it is a denture, he does not realize that it has been over fifteen years since it has been made, and the tissues have receded —why should he? You never took time to follow up and explain the changes that he might expect, and tell him when new dentures are in order.

All your patient knows is that

by some chance he happened to see another dentist, and all these things were brought to his attention. Not only have you lost a patient, but a family of patients and friends. Begin now to reevaluate your patients—tell them about their mouths—do not keep them in the dark! You will be amazed at the results.

But we have known and treated these patients for years. They are truly *our* friends and patients—not many dentists can make that statement. Patients tend to come and go, but these have stayed with us a long time.

Lucky for us they did remain our patients, because they have for some time needed attention. In other hands, they might discover to their amazement that there is much to be desired to restore their mouths to a healthy condition. But beyond that, to be advised by some other dentist of the needed dental care, when the patient was under the impression that he was in good condition, is not easy to accept.

Improved Economic Standing

Over the years, many of these patients have improved their station in life. Some have moved into fine apartments or homes, some have built homes in exclusive neighborhoods, others have bought rambling ranch houses on acres out of the city so that they may enjoy the wide-open spaces, have horses, and a private swimming pool—some of these were lucky and "made it" in the stock market.

And through all this, their dentistry has held up. Sure it has—you and I put it there!

But—is this patient getting the type of attention to which his station in life entitles him? Do we take for granted, just because there are no complaints, that we should leave well enough alone? The patient does not want it that way. He wants to conserve his teeth a lifetime, if possible.

If there is a new way to reconstruct that removable bridge so that every time he smiles, those unsightly clasps in the front of his mouth will not show, he would really appreciate it. If those spaces that harbor food and catch everything could be closed, it certainly would be a relief. Somehow, if that dark tooth in the front of the mouth could be made to look natural, he would smile more. If those creases could be taken away from the corners of his or her mouth, or the lips could be made to look more natural, it certainly would be most welcome, and make a happy patient. It surely would be advisable and desirable if he could have those unsightly patched-up and worn posterior teeth covered and restored to proper occlusion. Those bridges in his mouth, which constantly pack food where the tissues have receded, would feel mighty good if they were replaced, and the new bridges fit right to the gingiva, to take on the "New Look." And, above all, it would be a most

welcome, satisfying experience for the patient who has anterior teeth that he dislikes to show when smiling. To have these teeth properly jacketed, and assume a smile that would be most inviting, would please the particular patient indeed. This alone could change a personality, just as plastic surgery does.

Reevaluate Your Patients

With all the above in mind, it behooves us as dentists, to constantly reevaluate our patients. Take full mouth roentgenograms at frequent intervals, discuss the health of the tissues of the mouth, mention the new techniques you have mastered that concern them —that is what the patients are interested in, and what you can do for them. Give them a chance to buy your knowledge and ability. Reanalyze your patients, and decide—are they getting the best attention you can give them? Have they the right to feel they are in as excellent dental health as possible?

If you will begin to treat every patient—the old, and not so old—just as if they were *new* patients coming to you for the first time, you will find you will have to do a great deal of reevaluation, and you may be busy for some time with increased practice and income, due to your improved knowledge of dentistry.

Remember—if you do not give the patient the type of dental service he is entitled to, eventually he will get it elsewhere. You have to believe that yourself—and when you do, you will find a different atmosphere in your office, and unconsciously you will convey that feeling to your patients. They will feel that you are interested primarily in their welfare, and when you leave for dental meetings or short courses, they will talk about their dentist who is going away to study and learn something—for them.

514 *Grant Building*
Atlanta, Georgia

THE COVER

CLOUDS AND the waters of the Cuyahoga River frame Cleveland's skyline, pictured on this month's cover, as an ore freighter is being brought up the river. At the left are the tower and other buildings of the Union Terminal group; at the right a division of the Republic Steel Corporation. The Ohio State Dental Association will meet in Cleveland November 13 through 16. For detailed information about the program and applications for hotel reservations, please write to Doctor E. G. Jones, 185 East State Street, Columbus, Ohio.

I Invested in a New Office

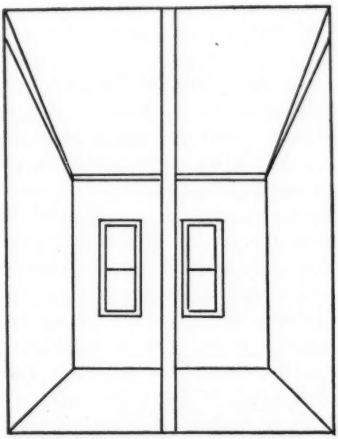
BY J. BROUGHTON McCARTHY, DDS*

A Montana dentist believes that his expenditures for a "new look" in his dental office will be the wisest investment of his lifetime.

WITHIN the last year ORAL HYGIENE has shown us some beautiful new dental office buildings. These buildings were modern and represented large investments. Every time I saw one of these offices displayed, I would say to myself, "Maybe sometime I'll have an office like this one." I suppose every dentist dreams of having his own dental office building or bungalow someday. Such dreams usually remain dreams, and most of us spend our practicing years renting space in some general office building. The cost of constructing and maintaining a private building makes it prohibitive for the average dentist.

After practicing three and one-half years in a rather old dental office, I decided to invest in a clean, new, modern, and efficient office. Since the bungalow-type office meant a large investment, which I could not afford, I hit upon the idea of renovating space in a general office building. I borrowed most of the money because I figured if I waited until I could afford this office, I would not need it. That seems to be the way with many things in this life; by the time you can afford them, you can't use them.

I found two adjacent vacant rooms in the Medical Arts Building of our city. These two rooms were extremely narrow and unsuit-



Original appearance of rooms.

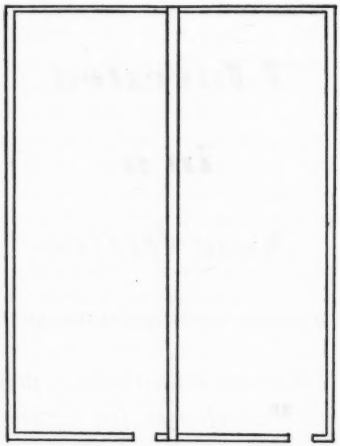
*Doctor McCarthy is president of the Third Dental District of Montana.

able for professional offices (Figures 1 and 2). However, the partition was found to be non-weight bearing, so it could be removed without weakening the building. After consulting the owner and the building architect, I decided to go ahead with my plans.

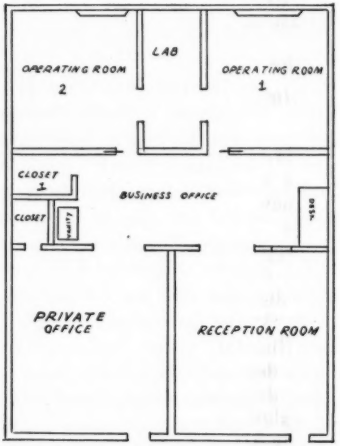
I submitted the rough drawing to the planning division of a dental manufacturing company. In seven days I received the blueprints for the floor plan of my new office (Figure 3).

The dimension of each room is about 30′ x 11′, so the overall dimension is 30′ x 22′, giving us 660 square feet of floor space. Both of these rooms had high, old-fashioned 10′ ceilings and plastered walls, which were not in good condition. We decided to veneer the entire office; to build a dental office inside these four walls and high ceilings.

On the advice of the architect, I chose to do the walls of the reception room and the private office in Philippine-mahogany wood paneling. These wood panels come in 8′ lengths, so we decided to drop the ceiling of the entire office to 8′ so as to prevent cutting and waste of the wood. For the business office, which is an in-between room, I chose birchwood paneling, which is a lighter colored wood. Within this newly constructed ceiling, we use recessed lighting fixtures. They are 6′ long in both operating rooms and in the private office, while in the business office the fixture is 8′ long. We used acoustical celotex on the entire ceiling, and the



Floor plan of the original rooms.



Sketch of the office floor plan. Closet No. 1 is the dark room.

The reception room from the entrance.

quietness of the office is remarkable. We have a green wall-to-wall carpet in the reception room and in the private office. The carpet in the reception room catches a lot of debris that would ordinarily be carried into the operating rooms. The floors of the business office, both operating rooms, and the laboratory, are done in asphalt tile to give a clean, easy-to-keep surface.

The accompanying floor plan and photographs will give you an idea of how my office has been remodeled.

In the reception room the walls are done in Philippine mahogany veneered over old, unsightly plaster. In this room we used indirect lighting through contemporary residential lamps. We want to give the impression of a living room instead of a dental office.

The walls of the business office are done in birch paneling, setting off tile floors, and a recessed lighting fixture.

The operating rooms and the laboratory can be closed off from the rest of the office by sliding doors. All other rooms have the regular hinged doors.

I think you will agree that this office is modern and efficient, and yet it does not represent an investment beyond the means of the average practitioner. It is a real

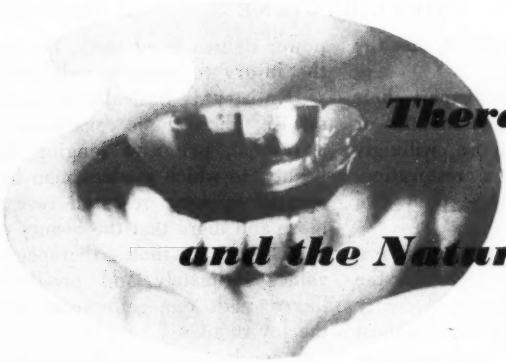
The business office communicates with the reception room through the window.—Photographs by Al's Photo Shop, Butte, Montana.

pleasure to operate in such modern surroundings; I find too that my patients appreciate this office and equipment, which I have provided for their benefit. I feel sure it will be the best investment I will ever make. Instead of investing money in General Motors or American Telephone and Telegraph, I am investing in myself and my own business.

Medical Arts Building
Butte, Montana

DENTAL RESEARCH

DENTAL science and medicine have become more and more closely associated. Dental research is a large segment of the work of the Research Division and the Bio Sciences Division of the Office of Naval Research. It has been built to significant proportions by dedicated dental officers. The studies at the Naval Medical Research Institute and Naval Dental School are correlated with those undertaken in various dental field establishments in the Navy and with contracts negotiated by the Office of Naval Research. The Navy takes justifiable pride in the results of investigations of dental caries, periodontal disease, influence of enzymes, relationship of oral conditions to health, and technical advances in treatment and prosthetics.—*United States Armed Forces Medical Journal.*



Therapeutics and the Natural Look

Successful and profitable restorative dental services begin with esthetics.

BY S. A. ALLEN, DDS

A PATIENT will tolerate annoyance and pain from a denture that "looks good." A patient may despise a well-fitted restoration if it fails to meet the esthetic approval of the wearer and pass the test of critical friends.

I have had emotional patients suddenly hug and kiss me because I solved some gross esthetic dental problem. But I never had anyone demonstrate with similar enthusiasm for improved functional chewing ability.

Orthodontia brings substantial fees, not because it improves mastication, but mostly because it benefits appearance.

A lawyer was shamed and persuaded to have removed a full-gold front tooth and have placed in its stead a life-like restoration. Afterwards he confided that the elimination of the gold actually changed his whole life. He had been convinced that the eyes of jurors, judges, and clients, caught the foreign glitter as their first attraction, and it continued to be a constant diverting object.

The average dental patient will appreciate and pay a higher fee for an esthetic triumph than for a balanced bite. Talks of vertical, centric, and lateral jaw positions fade, if tooth size, form, shade, and arrangement of teeth, do not flatter and satisfy the craving for

the beauty of a natural, healthy appearance.

Payment for an expert hair style, which will last months or weeks, is made more willingly than the fee for a restoration, which, if it lasts less than five years, is a failure.

Excepting painful conditions, health reasons do not provide the urge to go to the dentist. A cavity in a front tooth prompts almost eager attention, while a posterior tooth suffers until mañana.

Consider the startling claims made in lawsuits, for injuries to teeth or their loss. The amount asked is not for curtailed chewing power of two front teeth, but for the injury to esthetic well-being.

Dentistry is basically a health service. The esthetic conscience is a normal, primitive longing for beauty, to which modern man has applied science; research reveals more and more that the beauty of normality contributes therapeutic values intimately and positively linked with our self-esteem and the joy of living.

It can be truly said that through esthetics, dentists promote good health and general well-being.

Box 4
Santa Susana, California

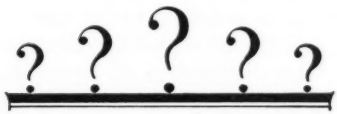
TREATING THEATRICAL PEOPLE

THEATRICAL people are generally undesirable patrons during their travels at one-night stands; but when in large cities they are good patrons, especially the ladies. So long as the operations are simple, they are all right, but when the work demands pulp treatment, devitalization, and canal work, it is exceedingly unsatisfactory; especially when they can stop but a few days. The practitioner should refuse to do anything of this kind for them, no matter how favorable the temperament may be, because of the troubles that are likely to follow, the nature of the comments that may be made, and the likelihood of dissatisfaction on the part of the patient.—CHARLES R. HAMBLY, DDS, *The Practice Builder* (1902)

DENTISTS SHOULD CONSIDER PATIENTS' EMOTIONAL NEEDS

THE THERAPIST, no matter what his field, will never reach the optimal results in his own field regardless of his diagnostic acumen or his manual dexterity and skill, if he fails to take into consideration the patient's emotional needs. The ability to understand and handle a patient's emotional needs extends the scope and usefulness of the dentist. The dentist who does not recognize the emotional elements in the causation and the treatment of oral disease processes does not carry a full kit of tools.—*The Canadian Dental Association Journal.*

So You Know Something About DENTISTRY!



CXXXIII

1. Calculi occur most frequently in the (a) parotid, (b) submaxillary, (c) sublingual, glands and their ducts. .....

2. Is it wise to administer general anesthesia during pregnancy? .....

3. The opaqueness of the roentgen shadow of an alveolar crest is influenced by (a) the buccolingual width of the teeth, (b) the contour of the cemento-enamel junction, (c) the angle of roentgen-ray projection. .....

4. True or false? Aspirin will produce a painful slough or necrosis upon prolonged contact with the oral mucosa. .....

5. Does the alveolar nerve have any relation to the inner surface of the mandibular ramus above the mandibular foramen? .....

6. Are clinical symptoms usually present when a pulp deteriorates under a direct acrylic resin restoration? .....

7. The maximum efficiency of complete dentures is about (a) 65, (b) 40, (c) 20, per cent that of the natural dentition .....

8. Amalgam has the (a) lowest, (b) highest, percentage of failures of any restorative material. .....

9. True or false? The cells of the periodontal membrane have the capacity to differentiate into cementoblasts, osteoblasts, fibroblasts, osteoclasts and cementoclasts. .....

10. Should a hydrocolloid impression be suddenly chilled? .....

FOR CORRECT ANSWERS SEE PAGE 1243

Your Patient's Occupation and His Credit Rating

BY ERNEST W. FAIR

THERE IS no infallible criterion by which each dentist can judge the honesty and integrity of his patients; particularly insofar as the granting of credit is concerned. On the other hand, there are a number of standards and ratings, which can guide the dentist away from losses that he should know and use.

One of these time-tested applications is by occupation, trade, or profession. Years of experience have shown that there are definite relationships between a man's occupation or source of income and his ability or willingness to pay the credit obligations he assumes.

These ratings are like all other systems; they are not infallible, and should never be used as the sole method of determining whether or not a person can qualify for credit in your offices. *But* it has been proved that these lists can help you immeasurably with your credit problem.

Greatest use of such a method is to apply the credit desires of the person against his income, the regularity of that income, and to assess the amount of credit against irregularity of income or areas in which the individual has a long record of being hard to collect from.

All of us are engaged in a more or less mad race in these times to own and possess the thousands of things created to make life more interesting or more enjoyable. The people who can exercise complete self control in matching desires to income are in the minority.

For his own protection, each dentist must help control the credit desires of his patients. He must know not only the current

Here are guides for you to follow to help you determine if your patient is a good credit risk.

earning capacity of each person, but the amount of money that he has to spend after deducting basic living costs such as food and rent.

Occupational Ratings

These occupational group ratings can assist in doing this, though they naturally must be supplemented by a thorough and complete knowledge of each individual customer. To say, for example, that all men and women in a given occupational category are good or bad credit risks is foolhardy, for there inevitably will be those who are exceptions. Some will be weak in nature and, no matter what their income, fail to stay within its bounds. There will be deliberate cheats and frauds in any group.

In the accompanying table—made by the Associated Credit Bureau of America in cooperation with the Bureau of Economic and Business Research of the University of Illinois—is a chart of comparative standings by occupations of a number of such fields. These tabulations were based on 104 reports from credit bureaus, and 11 from stores active in retail credit trade.

It will be noted that some of those occupations at the bottom of the list are of a transient nature, which plays an important part in determination of income and, therefore, of ability to pay accounts. It can be noted also that these groups represent to a high degree persons who have a minimum sense of responsibility. The latter factor has always been important in determining whether or not anyone is a good credit risk for even the smallest dental bill.

Stability of income is reflected among all of the top rated occupations. Credit losses in any dental office can be kept at a minimum when this consideration is paramount in selecting credit risks.

One thing should also be noted in using these tables or any other of a similar nature. Generally, the top ratings are those given persons in the higher income brackets, but that does not mean that a large income is always an indication of a good credit risk. A close check will show that some of the more modest income groups have much higher credit standings than those in the high income brackets.

Rate the Individual

The ratings given a person with respect to income and credit we may extend him must always consider each person as an individual rather than as a member of a group. Some patients with top-income levels have never learned to control their income and outgo, and with each advance on the ladder upward, they plunge themselves deeper into debt.

Comparison by Occupations of Credit Ratings*

Occupation	Group Rating	Average Credit Rating	Reports from Credit Bureaus	Reports from Stores
Business executives	1	90.9	91.0	90.8
Accountants and auditors	2	90.1	89.8	90.3
Retail managers (independent)	3	89.9	90.1	89.8
Chain store managers	4	89.9	90.1	89.8
Physicians, surgeons, dentists	5	89.3	88.9	89.6
Engineers (chemical, civil, and others)	6	89.2	88.6	89.9
General farmers (owners)	7	88.7	89.3	88.1
Army and Navy officers	8	87.7	88.0	87.4
Office workers, clerks, stenographers	9	87.1	87.7	86.5
College professors, instructors	10	87.0	87.5	86.6
Railroad clerks	11	86.8	87.3	86.4
Skilled factory workers	12	86.8	87.3	86.4
Post-office employees	13	85.4	85.4	85.4
Railroad workers, trainmen	14	84.7	84.5	84.8
Hotel and restaurant managers	15	84.4	83.3	85.5
Other school teachers	16	83.7	84.4	83.0
Clergymen	17	82.5	83.1	82.0
Nurses	18	82.5	81.5	83.5
Public officials	19	82.1	82.0	82.2
Retail salespeople	20	81.5	80.7	82.2
Printers	21	80.1	79.7	80.5
Lawyers and Judges	22	78.3	76.3	80.4
Traveling salesmen	23	77.0	77.4	76.7
Plumbers	24	76.9	75.9	78.0
Policemen and firemen	25	76.4	75.9	77.0
Carpenters	26	74.8	74.2	75.3
Guards and watchmen	27	74.3	72.6	76.0
General farmers (tenants)	28	73.1	72.6	73.6
Truck and bus drivers	29	71.6	69.8	73.4
Soldiers and sailors, enlisted men	30	71.0	71.6	70.5
Unskilled factory workers	31	70.7	69.4	71.9
Janitors	32	70.5	69.7	71.3

*Tabulations are based on 104 reports from credit bureaus, and 11 from retail stores made by the Associated Credit Bureaus of America and the Bureau of Economic and Business Research of the University of Illinois.

Section hands	33	70.1	68.4	71.9
Plasterers	34	69.7	68.7	70.7
Barbers	35	68.1	67.4	68.7
Coal miners	36	67.7	69.1	66.9
Common laborers	37	67.5	66.7	68.3
Bartenders	38	63.8	63.3	64.3
Musicians	39	63.2	63.8	62.5
Domestic servants	40	63.1	61.5	64.6
Painters	41	61.8	61.1	62.5
Farm laborers	42	60.3	59.9	60.7

Experience also shows that persons who have for a number of years worked in modest income jobs have by necessity had to learn control of their spending more closely than those who habitually earn more. The control they have acquired has become second nature, and its presence ordinarily makes such people excellent credit risks.

These ratings also point up the advisability of each dentist's applying a yardstick based on regularity of income, as well as amount. It will be noted that those occupations with irregular income, even though high in itself, are far from the top of the list.

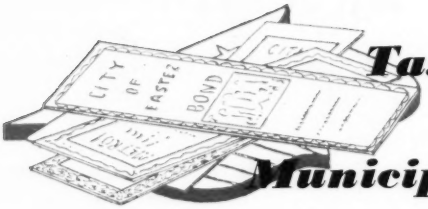
The accompanying chart also can be put to effective use by each dentist in directing his efforts toward building a good clientele. We all know that if a person has a good credit rating and standing, it is desirable for us to have that family as a credit risk; his family will spend more in our dental office than they would on a cash basis.

Credit determination has never been worked down to an exact science and probably never will be so fixed. The use of such aids as these occupational experience charts can, however, take another small element of risk from the dentist's credit and collection problems and bring them a little closer to that desirable end.

Box 231
Boulder, Colorado

WHEN YOU CHANGE YOUR ADDRESS

WHEN YOU change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.



Tax-Exempt Municipal Bonds

Investment consultant supplies figures to enable you to compare the rate of return on taxable investments with the return on tax-exempt securities.

BY NATHAN BELFER*

INVESTORS are well aware of the fact that taxes take a large bite out of their income. Income tax rates are high, and while they may change in the future they will probably continue at a high level.

The intelligent investor must consider the tax factor in his investment planning. Long-term capital gains are taxable at a much lower rate than ordinary income, and are, therefore, far more attractive than short-term gains, which are fully taxable. Municipal bonds offer complete tax exemption, and as such may have an interesting appeal to the investor. Municipal bonds embrace bonds issued by all governmental bodies in the country except federal agencies. They cover bonds issued by such agencies of local government as state, county, and local government units, turnpike authorities, school districts, and bridge, tunnel, port, sewage, water, and housing authorities.

The table on the opposite page compares the yield from tax-exempt securities and taxable securities.

The top row of the table presents the yields from tax-exempt securities. The columns indicate the yield, which must be obtained on taxable securities to provide a yield, which will be equivalent, after taxes, to that received on tax-exempt securities. The figures are for a single person. On a joint return, the taxable income should be divided by two and the corresponding figures read from the table. Some examples will make this clear.

A single person with a taxable

*Associate Professor, School of Business, Pennsylvania State University, State College, Pennsylvania.

Taxable Income Brackets	Tax Rate %	Yield from Tax-Exempt Securities (%) 2.00	2.50	3.00	3.50	4.00
		To Provide an Equivalent Yield, Taxable Securities Must Return (%)				
Not over $2,000	20	2.50	3.13	3.75	4.38	5.00
$ 2,000 to 4,000	22	2.56	3.21	3.85	4.49	5.13
4,000 to 6,000	26	2.70	3.38	4.05	4.73	5.41
6,000 to 8,000	30	2.86	3.57	4.29	5.00	5.71
8,000 to 10,000	34	3.03	3.79	4.55	5.30	6.06
10,000 to 12,000	38	3.23	4.03	4.84	5.65	6.45
12,000 to 14,000	43	3.51	4.39	5.26	6.14	7.02
14,000 to 16,000	47	3.77	4.72	5.66	6.60	7.55
16,000 to 18,000	50	4.00	5.00	6.00	7.00	8.00
18,000 to 20,000	53	4.26	5.32	6.38	7.45	8.51
20,000 to 22,000	56	4.55	5.68	6.82	7.95	9.09
22,000 to 26,000	59	4.88	6.10	7.32	8.54	9.76
26,000 to 32,000	62	5.26	6.58	7.89	9.21	10.53
32,000 to 38,000	65	5.71	7.14	8.57	10.00	11.43
38,000 to 44,000	69	6.45	8.06	9.68	11.29	12.90
44,000 to 50,000	72	7.14	8.93	10.71	12.50	14.29
50,000 to 60,000	75	8.00	10.00	12.00	14.00	16.00
60,000 to 70,000	78	9.09	11.36	13.64	15.91	18.18
70,000 to 80,000	81	10.53	13.16	15.79	18.42	21.05
80,000 to 90,000	84	12.50	15.63	18.75	21.88	25.00
90,000 to 100,000	87	15.38	19.23	23.08	26.92	30.77
100,000 to 150,000	89	18.18	22.73	27.27	31.82	36.36
150,000 to 200,000	90	20.00	25.00	30.00	35.00	40.00
Over $200,000	91	22.22	27.78	33.33	38.89	44.44

income of $17,000 would be taxed at the rate of 50 per cent on all income between $16,000 and $18,000. Let us assume that he is considering the purchase of a municipal bond yielding 3 per cent. If he were to purchase a taxable security, he would have to receive a yield of 6 per cent to get the equivalent after-tax yield. A married couple with a combined taxable income of $20,000 are taxed at the rate of 38 per cent on income between $10,000 and $12,000. A 3.50 per cent yield on a tax-exempt security is the equivalent of a 5.65 per cent taxable yield.

In the higher-income brackets, the advantage of tax-exempt bonds is marked. A husband and wife with a combined income of $100,-

Tax-Exempt Bonds

Name of Issue	Recent Price	Current Yield
Amarillo, Texas 2.60s, 1980	97¼	2.75
California Toll Bridge 3⅞s, 1992	108½	3.58
Chicago Transit 4½s, 1982	100½	4.48
Greater New Orleans Expressway 4s, 1994	101	3.95
Florida Board of Education 2.70s, 1974	100	2.70
Indiana Toll Road 3½s, 1994	106	3.30
Joliet School District 2.50s, 1973	100	2.50
Kansas Turnpike 3⅜s, 1994	96	3.52
Kentucky Turnpike 3.40s, 1994	102	3.33
Mackinac Bridge 4s, 1994	102	3.92
Maine Turnpike 4s, 1989	106	3.77
Maryland Bridge and Tunnel 3s, 1994	105	2.80
Massachusetts Turnpike 3.30s, 1994	104	3.17
Mystic River 2⅞s, 1980	103	2.80
New Jersey Turnpike 3¼s, 1985	107	3.04
New York State Power Authority 3.20s, 1995	105	3.05
New York City 3s, 1980	106	2.65
New York Thruway 3.10s, 1994	106	2.93
New York State Housing 2½s, 1992	102	2.40
New York City Housing 2¾s, 1992	97	2.90
Ohio Turnpike 3¼s, 1992	106	3.07
Columbus, Ohio 2½s, 1980	102	2.4
Pennsylvania Turnpike 3s, 1982	104	2.89
Philadelphia 2½s, 1982	100	2.50
Port New York Authority 3s, 1982	103	2.90
Puerto Rico Water Authority 3⅜s, 1990	100	3.38
Fort Worth, Texas Water and Sewer 1.90s, 1960	122	1.50
San Antonio, Texas 2½s, 1970	99	2.55
Virginia Turnpike 3s, 1994	100	3.00
West Virginia Turnpike 3¾s, 1989	93	4.03
State of Washington Veterans Camp 2s, 1968	84	2.40
Public Housing Authorities 2⅜s, 1994	97	2.45

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000 are in the 75 per cent tax bracket. A 2.50 per cent tax-exempt return is equivalent to a 10.00 per cent taxable return. For a married couple with a combined income of $200,000, a 3 per cent tax-exempt return yields the same as a 27.27 per cent taxable return.

For reasons of space, the table indicates only the comparative situation for yields of 2.00 per cent, 2.50 per cent, 3.00 per cent, 3.50 per cent, and 4.00 per cent. The investor interested in other yields can easily obtain them from this table by a simple process of interpolation.

Also, it should be pointed out that in many states, which have personal income taxes, the income from municipal bonds is generally exempt from such taxes. This provides another advantage to tax-exempt bonds, which is not reflected in the accompanying table.

There are hundreds of municipal bond issues available to the investor. The accompanying table lists some of these issues. This list is not selective in any way; it is designed merely to be indicative of the various types of municipal bonds available to the interested investor. The yields range from approximately 2.25 per cent to almost 4 per cent. The higher yields are generally available on highway turnpike bonds. Usually higher yields will reflect somewhat lower quality or a longer maturity.

Interest Tax Exempt

It is of interest that the yields available on many tax-exempt bonds are comparable to those from federal government bonds and high-grade corporate bonds. The interest from these bonds, however, is fully taxable, while the interest from municipal bonds is completely tax-exempt.

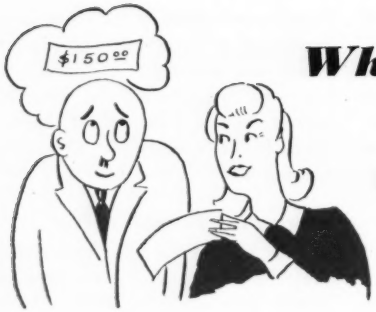
The rates on personal income are at a high level, and the investor may, therefore, be interested in the attractive tax exemption feature of municipal bonds.

36 *Bedford Street*
New York 14, *New York*

SPEAK *AFTER* YOU LISTEN

THE NEXT time you get into an argument with your wife, or your friend, or with a small group of friends, just stop the discussion for a moment and, for an experiment, institute this rule: "Each person can speak up for himself only *after* he has first restated the ideas and feelings of the previous speaker accurately and to that speaker's satisfaction."

You see what this would mean. It would simply mean that before presenting your own point of view, it would be necessary for you to achieve the other speaker's frame of reference—to understand his thoughts and feelings so well that you could summarize them for him. Sounds simple, doesn't it? But if you try it, you will discover that it is one of the most difficult things you have ever tried to do. However, once you have been able to see the other's point of view, your own comments will have to be drastically revised. You will also find the emotion going out of the discussion, the differences being reduced, and those differences which remain being of a rational and understandable sort.—*Harvard Business Review.*



What I Learned from Wilbur

BY ROBERT P. STICKLEY, DDS*

RECENTLY, there has been a great deal of excitement in my family. Mary has been named one of the beneficiaries of her uncle's estate. She will receive $150 per month for the rest of her life. As soon as we found out, Mary said she wanted to invest all, or part, of her legacy. We really need a new car. Also, some of our friends have gone abroad. I pointed this out to Mary, but I could not budge her from her decision. So I offered to invest her money for her. Can you imagine what she had the nerve to say? She wanted to talk it over with Wilbur!

She became downright hateful about it. The best I could do was to insist that I go with her to see Wilbur. We went to see him and I opened up by saying, "Since you are an authority on everything, perhaps you can advise Mary about investments." It did not phase him. He said simply, "I will be glad to talk to you, Mary, but the party to give you advice about investments is an investment broker."

"I would still like your opinion," said Mary.

Wilbur replied, "I have found that dentistry takes up most of my time. I cannot do my work properly and at the same time give the proper amount of time and study to investments. In considering overall investments for a dentist, insurance should take precedence over all other investments. When a man marries, he should take responsibility immediately for the protection of his wife and for his children when they arrive. Among investments, only insurance offers this immediate protection should he become disabled or die." Wil-

*This is the sixth of a series of eight informal discussions of various aspects of practice management between two practitioners with divergent ideas on practice building and security.—The Editor.

bur continued, "Your problem, Mary, is not concerned with insurance but purely with investments. There are many good investments. Trust departments of banks set an example for good investments and will usually give advice to the bank's depositors."

"Is that where you get your advice for investments?" asked Mary.

"No," said Wilbur, "regardless of the best advice, there is always the possibility of a poor selection. The best of the blue-chip companies can, due to unforeseen productive difficulties or competition, have a prolonged or temporary setback, with a resulting lowering of stock values and loss of dividends."

Mary asked, "How do you invest?"

"Since my investments are limited," said Wilbur, "diversified investments are attractive to me. However, to obtain any degree of diversification requires a lot of money. To buy stocks in small quantities is prohibitive, due to the brokerage fee necessary for the completion of the transaction. To take advantage of a low brokerage fee requires substantial purchases. Therefore, since my investment is limited and I wish to obtain diversification, I invest in Mutual Funds."

"Well," I said, "I believe I can do better on my own."

"I still think," said Wilbur, "that for the average dentist to deal in stock-market transactions is to do so at the risk of injury to his practice, his health, and his state of mind and, Mary, I believe this would also apply to you."

"You spoke of other good investments; just what do you mean?" asked Mary.

"There are many," said Wilbur, "such as real estate and local businesses, but all of these require 'know how' if you expect to make a profit."

Fees for Mutual Funds

"Well," I said, "you not only pay a brokerage fee for buying Mutual Funds, but you also pay a fee for management."

"There is, of course, a brokerage fee for buying Mutual Funds," Wilbur replied, "and a fee for management. However, in relation to services rendered and profits received, Mutual Fund operations show that it is profitable and provides freedom from worry and responsibility. Going in and out of the market in any type of investment is costly, and for a retirement fund it is risky and foolish."

At this point I should have known better than to have questioned Wilbur's statement about Mutual Funds being a profitable buy. He immediately got out a financial statement from one of the Funds.

"Let us take a look at the record of one of the older Funds"; he said, "starting mid-year in 1924, with an investment of $100 per

month, leaving in all interest and capital gains, up to and including the year 1953:

Total Investments: $35,300
Dividends: $45,702.47
Total Money Invested and Dividends: $81,002.47
Total Cash Values: $123,247.73

"Comparatively, these figures could be true of most of the Mutual Funds operating under a similar plan," Wilbur continued. "There are many different plans of investment in Mutual Funds, from the extremely conservative to more speculative types of investments. There are funds which specialize in larger dividends to funds which place their emphasis on capital gains. There are the open- and closed-end funds. Of these," said Wilbur, "my preference has been the open-end fund, as the diversification is wider and the sale of the stock is guaranteed at the prevailing bid price. There is, of course, an investment consideration in tax-free bonds. The average dividend received from these investments is about 3 per cent. Since you might expect at least a 5 per cent dividend from Mutual Funds or good stocks, there is a differential of about 2 per cent. The question of whether one of these investments is more attractive than the other probably can best be determined by your income-tax bracket. Your stock broker can help you analyze your position in relation to these investments and advise you accordingly. Mutual Funds, like all investments, reflect prosperity and depressions. There is this to consider, however, in a decline of Mutual Stock value. Suppose you buy at $20 per share. The stock has declined to $15 per share when you wish to sell. Since Mutual Shares represent a variety of the basic commodities of our national economy, and these commodities are the products you use, it is understandable that in a falling market these commodities will sell cheaper. Therefore, you can expect to buy virtually the same amount of goods with your $15 as you would have been able to buy for $20 on a higher market. The question of gain or loss is to a degree relative, mathematical, not necessarily actual."

With that, Mary said, "I am going to invest the whole $150 each month in Mutual Funds."

Then Wilbur said the only smart thing he had said all evening.

Live as You Save

"Mary," Wilbur advised, "I would invest only $100 of my legacy. You want to live as you save."

I backed him up on that and as soon as we got home, I told Mary in no uncertain terms that I thought husband and wife should share with each other. Finally she agreed to give me $25 of the $50 she was keeping. I am going to buy a new spinning reel tomorrow

and an electric razor next month.

It makes me sick to think of Mary's uncle. That old goat had been dying for the last ten years, but like all of Mary's relatives, he was stubborn.

100 *Quinlan Street*
Lynchburg, Virginia

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ CXXXIII

(See page 1231 for questions)

1. (b). (Sarnat, B. G.; and Schour, Isaac: Oral and Facial Cancer, Chicago, The Year Book Publishers, 1950, Page 92)
2. No. (Archer, W. H.: A Manual of Oral Surgery, Philadelphia, W. B. Saunders Company, 1952, Page 5)
3. (a), (b), (c). (Ritchey, Beryl and Orban, Balint: Crests of the Interdental Alveolar Septa, Dent. Radiography and Photography **27**:37 1954)
4. True. (Accepted Dental Remedies, Ed. 20, American Dental Association, 1955, Page 12)
5. No. (Sicher, Harry: Oral Anatomy, St. Louis, The C. V. Mosby Company, 1954, Page 415)
6. No. (Nygaard, O. B.: Pulp Reactions to Direct Fillings Resins, JADA **50**:7 [January] 1955)
7. (c). (Miller, S. C.: Periodontics and Restorative Dentistry, JADA **47**:284 [September] 1953)
8. (a). (Crawford, W. H.; and Larson, J. H.: Dental Restorative Materials, J. of Dent. Research **33**: 415 [June] 1954)
9. True. (Bunting, R. W.: Oral Hygiene and Preventive Dentistry, Philadelphia, Lea & Febiger, 1950, Page 36)
10. No. (Rubin, J. G.: Precision Attachment Partial Dentures with Hydrocolloid Impressions, DENTAL DIGEST **60**:504 [November] 1954)

DENTAL FEES AND DENTAL PLANS

DENTISTRY needs a cost accounting to present facts to those who now believe that they can solve the dental health needs of the low-salaried wage earners at the expense of the dentist. There is an irreducible minimum cost below which dental service cannot properly be rendered to the patient. Let us find out what this minimum is and relate it to the economic value of the dentist, as well as to the fees charged for service to the patient.—From an editorial in *The New York Journal of Dentistry*.

Get the Habit of Writing More Prescriptions

BY MEYER SEGAL, DDS

IT IS evident that dentists should write more prescriptions. There is no doubt that in writing prescriptions we are conferring an appreciated service on our patients. It is a procedure that inspires confidence and respect, and gives prestige.

We have had thorough training in pharmacology, therapeutics, and materia medica. There is no reason why we should not draw upon this training and make use of our knowledge by writing prescriptions wherever indicated.

In everyday practice we meet with many conditions where the writing of prescriptions is essential, such as prescriptions for antibiotics, relief from pain, treatment of infection, treatment for hemorrhage, premedication, dentifrices, toothbrushing, and mouth washes.

As dentists we are closely associated with physicians. They write prescriptions extensively and routinely. Why shouldn't we? The writing of prescriptions by dentists dignifies not only the writer, but dignifies the dental profession in the eyes of his patients. Prescription writing by the dentist improves inter-professional relationship with the pharmacist.

By writing prescriptions we maintain control over the drugs that are indicated for our patients, thus discouraging self-medication, which is a practice that may prove dangerous. It also discourages the use of habit-forming drugs.

In the opinion of this author, prescription writing by the dentist gives him and his profession dignity and improves inter-professional relationship with the pharmacist.

Primarily the dentist is concerned with the welfare of his patients. Any action on the part of the dentist that will discourage the indiscriminate use of potent drugs by the laity is commendable.

What is a prescription? A prescription is a written order by a physician, dentist, or other person authorized by law to prescribe, for medicines in stated quantities to be compounded and dispensed by a pharmacist, with directions for their use.

Writing the Prescription

In order to write a prescription correctly, some essential points should be observed. Traditionally, prescriptions are made out on a printed form, although this is not essential. This is a suggestion of the printed matter that should be embodied in a prescription blank. It should be headed with the dentist's name, address, and telephone number. It should contain the words, "For," "Address," "Age," and "Date"; the traditional ℞ and Sig.; a line for signature and DDS, and Federal Registry Number. The symbol ℞ comes from the Latin word recipe, which means "take thou." The flourish at the base of the R is derived from mythology. Sig. is an abbreviation of the Latin word *signa*, meaning "sign or mark."

The date, name, address, and age of the patient, should be stated on the prescription, and it should be signed. When a narcotic is prescribed, the registry number of the writer must be stated, and a copy of the prescription should be retained. The Harrison Act passed by Congress, December 17, 1914, controls the manufacture, sale, and distribution of narcotics, such as cocaine and opium, with their salts and derivatives. It provides that prescriptions for narcotics be written with ink or indelible pencil or typewritten.

Under the symbol ℞, the ingredients and the quantity of each ingredient are stated. Under Sig., the directions to the patient for using the drugs prescribed are shown. Usually these directions are written on the label by the pharmacist. "Do not refill," or "May be refilled," may be written on the prescription.

It is proper to use the metric system in writing prescriptions. Quantities may be expressed in grams (gm.), cubic centimeters (cc.), milligrams (mg.). In using the metric system, Arabic characters are always used; for example, 7 gm., 12 cc., 30 mg. Weights less than 0.1 gm. usually are given in milligrams (mg.). In the metric system, the numerals are placed before the name of the units. In

the apothecaries system, Roman numerals are used. The numerals are placed after the names of the units; thus, gr. iv., mg. viii.

In the metric system, a vertical line is used to express a fractional part of a unit. The vertical line represents and is used in lieu of the decimal point.

Children's Prescriptions

Occasionally it is necessary to write prescriptions for children. Young's Rule for determining dosages for children is applicable in these cases. This rule states that the age of the child in years is divided by the age plus 12. The fraction thus obtained is the fractional part of the average adult dose that is applicable to the child.

Dentists should make a study and have a thorough knowledge of the drugs for which they write prescriptions. If they will write more prescriptions, the quest for knowledge of these drugs will come naturally—to the benefit of themselves and their patients.

More prescription writing by dentists would encourage the public to purchase more products that contribute to oral health, such as toothbrushes, dentifrices, and mouth washes. Oral health would be given greater encouragement and hygienic practices become more widespread. It would lead to a keener appreciation of the value of proper care of the teeth, and to the fulfillment of the ideals that we prize—better dental health, and greater enthusiasm on the part of the public for all matters pertaining to dentistry.

It would be a step forward in dentistry if all dentists would treat prescription writing with the thoroughness and dignity accorded to it by physicians.

There is no lack of conditions in which the writing of prescriptions is essential. It appears that there is a lack of dentists who have acquired the habit of writing prescriptions. Let us all get this habit. It is a useful one.

757 *West Seventy-Ninth Street*
Chicago 20, *Illinois*

VICE ADMIRAL OF DENTAL CORPS DIES

VICE ADMIRAL Alexander Gordon Lyle, retired former head of the Navy Dental Corps and a World War I winner of the Congressional Medal of Honor, died recently at the age of 66. Burial was at Arlington Cemetery, Washington, D. C.

His appointment by the late President Roosevelt to the post of admiral in 1943 made him the first dental corps officer to win flag rank. On retirement, he was advanced to vice admiral because of having won the Congressional Medal of Honor, and probably is the only vice admiral the Dental Corps will ever have, unless another dentist should win this Medal.—*The Evening Bulletin, Providence, Rhode Island.*

Time-and-Motion Study in Dental Practice*

BY F. FRAZER

OVER THIRTY years ago I listened to an address on the reduction of fatigue in industry by scientific methods. Appreciation was then dawning of the important fact that by careful attention to the conditions of his work, the elimination of unnecessary movements, and the simplification of essential ones, the fatigue of the worker could be greatly reduced and his output considerably increased.

There is a pressing need in the dental profession for the application and development of the same principles to routine chairside service. Gone, probably forever, are the spacious days when the dental surgeon could operate with but little regard to the amount of time consumed. Modern conditions have placed as high a premium on speed and efficiency as on skill, and it is foolish to ignore the fact or to deplore it. The economy of effort of the expert worker, which is a joy to behold and probably the deepest of satisfactions to achieve, is itself the practical expression of these qualities. But the restricted circle of those who have reached such a level should be greatly extended to embrace the general body of practitioners, and this is by no means impracticable.

Acute observation is not required to note the extraordinary variety in chairside operating methods which exists throughout the profession. Some dentists practice standing up, some sitting down, while others combine both. Some position themselves behind their patients, some at the side and others at the front. Every conceivable combination undoubtedly has its followers, and an endless variety, equally without doubt, pervades every aspect of practical work in the mouth. This, however, is not the happy result of a desirable individualism, but the unfortunate outcome of defective teaching in the schools, coupled with the marketing of a great mass of unsuitable dental equipment. A time-and-motion expert would stand aghast if permitted to watch an average dentist at the chair. Wasted, fatiguing movements multiplied

*Reprinted from the *British Dental Journal.*

over and over again occupy the bulk of his working hours, wearing him out long before his time, and reducing the quality and quantity of his service and his income from it.

How can all this waste of human effort be prevented or reduced?

The British Dental Association might well initiate a special body for the purpose. Its personnel would be sought among practitioners of imaginative and progressive outlook, experienced practical teachers from the schools and enthusiastic designers on the staffs of dental manufacturers. They would examine exhaustively the routine operations of dentistry in the light of present knowledge, to select, discover, and determine the best possible methods and procedures. Not a rigid system of standardization, but a high degree of efficiency with reasonable flexibility, would be the aim.

An early conclusion certain to emerge would be the tremendous scope as well as the great need for a new conception in the whole field of equipment design. It may seem a harsh criticism to make, but it is nevertheless true, that paucity of inspiration has left the dental profession with equipment which falls far below the standards of contemporary industrial, commercial, and domestic spheres.

The fear may be expressed that the development suggested might reduce the practice of dentistry to a monotonous, even if less arduous, level; but this is far from the case. It would, instead, release energies for improved examinations and diagnosis, the development of new and advanced techniques and the general advancement of dental science.

Sooner or later the problem must be dealt with. Why not now?

THE DENTIST AND HIS COMPANIONS

LET your associations be as far as possible with professional brethren and people of genuine worth. Prefer to spend your unoccupied moments in your office with your reference books and dental journals or in rational conversation with high-minded friends, or other dentists, or at dental society meetings, to lounging around drug stores, hotel bars, saloons, club rooms, cigar stores, billiard parlors, barber shops, or corner groceries, with lazy fellows, who love doing nothing, frivolity, and dissipation.

Do not let your office be a lounging place or a smoking room for would-be horsemen, dog fanciers, baseballers, politicians, chatty blockheads, or others whose time hangs heavily on their hands.

You, as a dentist, are public property, and the public, and especially the female portion of it, with eyes like a microscope, will take cognizance of your association and of a thousand other little facts regarding you.—CHARLES R. HAMBLY, DDS, *The Practice Builder* (1902)

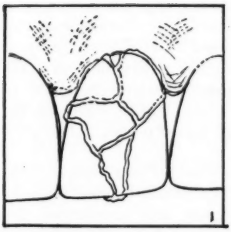
TECHNIQUE of the Month

Originated by W. EARLE CRAIG, DDS

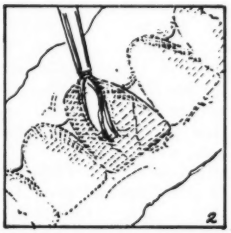
Quick Replacement of Anterior Pontic

BY SIMON KLEEGER, DDS

Drawings by Dorothy Sterling

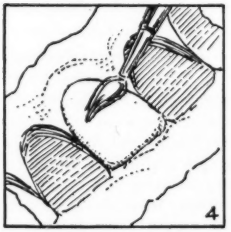


Assemble the fragments of the pontic on the saddle, holding them in position with wax, or build the complete tooth form in wax.

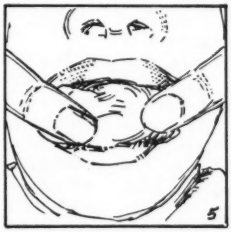


Make a labial splint of quick-setting plaster. Coat with tin-foil substitute. Set aside.

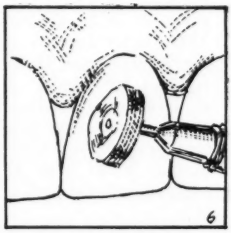
Using the brush technique, cover the metal of the skeleton with the correct shade of self-curing acrylic to a depth of several millimeters.



Fill the tooth form of the splint with a mix of acrylic. Brush monomer over the surface of the acrylic mix and the surface of the acrylic coating on the skeleton.



Carry the splint to the mouth and hold it in position until the acrylic has set.



Remove splint. Shape the lingual with burs. Polish. Technique may be adapted to replacement of other types of pontics and facings.

Editor's Note: A department similar to this one, "Clinical and Laboratory Suggestions," appears each month in Dental Digest.

Dentists in the NEWS

Albuquerque (New Mexico) Journal: For "outstanding service to mankind," Doctor Alfred L. Lopez, an Albuquerque dentist, has received international recognition. Long active in civic affairs and one of the important forces in the establishment of the Albuquerque Boys Club, he has been awarded the first "International Service to Mankind Award" of the Sertoma Clubs of the United States and Canada. As president of the board of the Albuquerque Boys Club, he was instrumental last year in building the club's first home, a $65,000 clubhouse financed entirely from donations of material, labor and cash from over 400 business firms, labor unions, civic clubs, or private citizens.

Doctor Lopez is also a member of the board of the State Cancer Society, chairman of the Boys and Girls Committee of Kiwanis, member of the Albuquerque Citizens' Committee. He is a member of the Knights of Columbus and was made a Knight of St. Gregory by Pope Pius XII. Doctor Lopez is past-president of the Albuquerque District Dental Society and has conducted special clinics at local, state, national and international dental conventions. He served four years in the United States Army during World War II and was discharged with the rank of major in 1946.

San Francisco (California) Examiner: Doctor Joseph Lorenz, a pleasant, middle-aged dentist of mild appearance, has two dangerous pastimes: politics and flying by small plane into remote sections of the world. As president of the San Mateo Republican Assembly and a member of the county GOP Central Committee, Doctor Lorenz has proved himself a tough antagonist in political battle. His flying, which began in 1937, has taken him north of the Arctic Circle in his small plane four different times. In 1941, in a seventy-five horsepower plane, he crossed the Andes Mountains in South America and crash landed in the jungle. His latest venture was with Doctor Bernard McMurde, another Burlingame dentist. They flew over the "Valley of Ten Thousand Smokes" in Alaska and came within sight of the Bering Straits and Russian Siberia.

Cleveland (Ohio) Plain Dealer: The United Cerebral Palsy Association of Cuyahoga County has announced the election of Doctor John F. Novatney, Cleveland dentist, as president. Since its organization in 1950, this association has supported a broad service program of diagnosis, treatment, special education, and preventive research, and for the year 1955-56 will have a budget of $98,000.

New Haven (Connecticut) Register: Doctor Carles B. Tarr, 101-year-old railroad fan of Winterport, Maine, died recently. In his youth he went to sea and later became a Boston and Maine Railroad engineer. He maintained his interest in railroads during his forty-five years as a Melrose, Massachusetts, dentist.

Dayton (Ohio) Daily News: Two uranium prospectors left Wilmington, Delaware, completely equipped with a truck, jeep, all manner of technical equipment, a power plant, food, drink, and gasoline for a month's prospecting. Doctor Harold Conner, an oral surgeon

in Silver Springs, Maryland, and his friend, Howard J. Bohner, bacteriologist at Walter Reed Army Medical Center, Washington, D.C., have enough equipment so that they can live completely away from civilization. A wooden structure has been built over the top of the bed of the truck and covered with an adjustable canvas. The men are taking turns sleeping so that they can travel twenty-four hours a day. Geiger counters and $2,000 worth of other scientific instruments are part of their equipment. They are prepared to drill twenty feet through stone in looking for uranium and plan to then put their scientific instruments into these drilled holes.

Long Beach (California) Independent Press Telegram: Doctor Marcia R. Sneden, a dentist of Long Beach, has been featured by Mildred K. Flanary in the cooking department of *Southland Magazine.* Doctor Sneden's specialty is a ham and mushroom casserole.

Lincoln (Nebraska) Star: Council Commissioner of the Cornhusker Council for the Boy Scouts of America, Doctor Donald C. Yungblut of Lincoln, was selected as one of the unit leaders of the three troups of Region 8 to attend the World Jamboree. It was held at Niagara-on-the-Lake, Ontario, Canada, and was attended by scouts from more than sixty countries.

Pittsburgh (Pennsylvania) Press: Doctor John Lehner, retired dentist, was the subject of a two-page feature article illustrated by photographs taken more than sixty years ago. Doctor Lehner, now 85, was honored for his career as "King of the Slack Wire" in an article by George Swetnam.

Lehner, who began his career on slack wire at the age of 15 in his own backyard in Pittsburgh and became a headliner with circuses, in carnivals, and on showboats operating on the Mississippi River in the nineties, was a featured performer at the Columbian Exposition in Chicago in 1893.

His greatest feat was to balance a chair and table on a slack wire and proceed to eat his lunch and drink a cup of tea. "Nobody else," he reports, "had ever done such a trick before my time, and so far as I have been able to determine, nobody else has been able to do it since."

"The Great Lehner" gave up the glory of show business in 1894 and used his earnings to pay his way through dental school at Ohio State University. His son, Doctor John Lehner, Junior, now carries on his practice in Pittsburgh.

Fresno (California) Bee: The Fresno Young Men's Christian Association sent Doctor Carl M. Secrest, dentist, as a special emissary to the city of Copenhagen, Denmark. He carried with him mementos of the erection of the YMCA Friendship Light in the association's camp at Lake Sequoia.

The light is a converted gas light from the Danish capital. The mementos included a portfolio of the publicity and correspondence about the moving of the light to Fresno, which was given to the local YMCA through the suggestion of Mogens Madsen, a native Dane and YMCA waterfront director.

Milwaukee (Wisconsin) Journal: A man who has done what he wanted most to do, Doctor Uno Nyman of Ellison Bay, Wisconsin, has received another reward for his efforts. Two of his recent musical compositions, companion pieces in the form of tone poems, CASTOR AND POLLUX and THE HARVEST STAR were played in Door County's music festival in August.

The work was commissioned last summer by the famous conductor of the Cincinnati symphony orchestra, Thor Johnson. Doctor Johnson also conducts the festival orchestra and has been on the lookout for music by Wisconsin composers.

On the special Door County day, a reporter visited Doctor Nyman in his home to talk about music, cherries, and

the old days in Milwaukee before the dentist-musician decided to give up his practice in favor of his orchard and music. That was seventeen years ago. He now lives in a home more than 100 years old, basically of log construction, and raises cherries, and writes music. He is a native of Sweden and is a violinist as well as a composer. His youthful years were spent in study under a distinguished uncle, Carl Oberg, then the concert master of the royal opera orchestra in Stockholm. Doctor Nyman is a graduate of the University of Pennsylvania Dental School.

Boston (Massachusetts) Traveler: Vermont's prettiest girl, winner of the title Miss U.S.A., is the daughter of Doctor Norman Johnson, a dentist of Rutland, Vermont.

Tulsa (Oklahoma) Southside Times: A relaxing and fascinating hobby for Ford E. Bridges, DDS, is the study of the stars. He remembers, when he was a boy of 6, his grandfather introduced him to the wonders of the universe in Texas. Ever since, he has followed this interest and is well known in astronomy circles in Tulsa. Many of his group of star-gazing friends grind their own lenses for observation.

Doctor Bridges is particularly absorbed in watching and reporting stray meteors and reports them to Flower Observatory in the University of Pennsylvania where a graph is made.

Bergen (New Jersey) Record: In the summer, Doctor Lawton C. Thomas transforms himself into a social director. His work includes arranging swimming and deep-sea fishing parties, tours of the historical Cape area, golfing, horseback riding, promotion of bingo games and dances, and showing motion pictures. On his shoulders rests the task of keeping guests happy and arranging for visits of fraternal and business groups to the famed hotel known as Congress Hall, on Cape May, owned by Joseph B. Uhler, his father-in-law.

Chicago (Illinois) Daily News: Doctor George H. Vann of Chicago was named at the recent national convention to head one of the most exclusive of Shrine organizations: "The Cabiri." It is composed of about 1800 members, all Past Potentates.

Nashville (Tennessee) Banner: The first dental consultant to the Pan American Sanitary Bureau of the World Health Organization is Doctor Mario M. Chaves of Brazil. When he received this unusual appointment, Doctor Chaves was taking courses in public health at the University of Michigan in Ann Arbor. Since then he has traveled widely over the United States, visiting health departments and dental clinics preparatory to making a two-year survey of dental and general health conditions in Latin America. Doctor Chaves is both a dentist and a physician.

Milwaukee (Wisconsin) Sentinel: Doctor Lester A. Gerlach has been appointed chairman of the Milwaukee County Heart Committee of the Wisconsin Heart Association by Charles S. Quarles, president of the association.

Des Moines (Iowa) Register: The state hospital advisory council, reorganized by the Iowa legislature this year, was welcomed at its first meeting by Governor Leo H. Hoegh. The council's personnel includes five physicians and one dentist, Doctor Floyd Pillars of Des Moines. These professional men have been named by the governor to form a special committee on matters involving federal aid for diagnostic and treatment centers. Doctor Pillars was made secretary of the committee.

Portland (Oregon) Journal: A "house-raising bee" in the pioneer tradition, but with modern adaptations, produced a finished summer cottage for Doctor A. H. Forsyth, a dentist, and his family in one day at Summit Lake. Five men working an eleven-hour continuous

stretch built a 16 x 20 cabin from foundation to roof, locking the newly hung front door just before they left for home at 8 p.m.

Wilmington (North Carolina) Morning Star: A general practitioner, an active citizen of Shallotte, North Carolina, Doctor R. H. Holden, was recently appointed a member of the National Rivers and Harbors Congress Executive Committee. In this capacity, Doctor Holden successfully presented before the Congress a proposal for improving the waterways and inlets of southeastern North Carolina.

Awards for items submitted for this month's DENTISTS IN THE NEWS have been sent to:

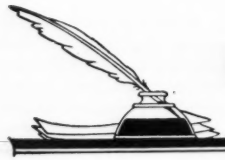
Lucy Carter Ward, P.O. Box 225, Franklin, Tennessee
Margaret G. Delong, 1326 South Seventy-Ninth East Avenue, Tulsa, Oklahoma
Mrs. Jessie Brim, 1255 North Brawley Avenue, Fresno 5, California
Mrs. Melvin M. Meilach, 7005 South Normal, Chicago
R. B. Moore, DDS, Box 237, Allerton, Iowa
M. C. Pederson, DDS, 1700 South Twenty-Fourth Street, Lincoln, Nebraska
Arnold Adrian, 43 Gould Avenue, Malden 48, Massachusetts
John T. Kenney, 1286 Jackson Avenue, Lakewood 7, Ohio
Maud M. Free, R. R. 1, Clayton, Ohio
M. M. Walz, 2826 West Chambers Street, Milwaukee 10, Wisconsin
Vera Davis, 536 Orange Avenue, Long Beach 12, California
Malcolm Ogden, 59 Hille Place, Ridgefield Park, New Jersey
Dietta M. Smith, 536 First Avenue, San Bruno, California
William I. Todd, P.O. Box 607, Los Gatos, California
Norma L. White, 6415 Northeast Kinningsworth Street, Portland 13, Oregon
Gussie Morris, Box 251, Roy, New Mexico
Hal Holden, Box 1221, Shallotte, North Carolina

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News,* we will send promptly a crisp, new one-dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be *acknowledged or returned.* When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

A MENTAL YAWN

IT HAS been remarked that we are deaf while we are yawning. The same act of drowsiness that stretches open our mouths, closes our ears. It is much the same in acts of understanding. A lazy half-attention amounts to a mental yawn.—*The Canadian Dental Association Journal.*



EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

THE COST OF STEEL, LABOR, AND DENTAL CARE

DENTISTS are usually reluctant to raise their fees. Despite the inflationary signs in the present business world, dentists have resisted any upward revision in fee schedules. Although the price of steel has advanced $7.35 a ton, or an increase of 6 per cent, and labor costs have been raised on an average of 15¢ an hour, the tendency among dentists is to keep their fees steady.

Steel is the economic bellwether in our industrial life. When the price of this essential product is increased, everything made from steel also increases in price: automobiles, household equipment, machine tools, as examples.

The increase of 6 per cent in the cost of steel represents more than the amount that was needed to cover the increased labor costs. An increase of 6 per cent in the price of automobiles and other things made from steel would be more than the added cost of the steel and labor. That is to say, when a price increase is more than is necessary to cover the additional production costs, the excess represents an extra profit. Such an unearned profit makes workers more dissatisfied so that when the next bargaining season comes another wage increase will be demanded. Up again will go prices, and thus the inflationary spiral moves skyward.

In an inflationary cycle dentists will be required to pay more for everything they use. Their patients will have to pay more. Many persons who are now living on fixed incomes and those who work in non-union vocations will be driven from the dental market. People on farms, the self-employed, business executives, and white collar workers, will all be hit hard.

Dental services are marginal services. This means that after the cost of food, housing, clothing, automobiles, television sets, and a good many luxuries, have been met, if any funds remain in the purse, the family will buy dental care. Up to now the inflationary trend has been under control and as many people are now dental patients as have been at any time. If, however, prices rise steeply and income does not keep pace, thousands will leave the market as consumers of dental service.

Would it be wise for dentists to raise their fees to keep up with a mounting cost-of-living index? If steel has increased 6 per cent, should dentists now charge $10.60, $26.50, $106 for services that had formerly been priced $10, $25, $100? Entirely aside from the fractional dollar figures, which have always been repugnant in dental practice, would it be wise to increase fees at present? *No*, this would not seem to be a good time for raising fees.

How, then, may a dentist operate successfully if his expenses are mounting and his income is not? One way is to increase his efficiency. In this the dentist is fortunate to have available to him instruments, techniques, and procedures that allow him to cut down the time element in dental treatment. For example, by using higher engine speeds and improved diamond and carbide cutting instruments, the time spent at cavity preparation can be greatly reduced as shown by Kilpatrick.[1]

With the use of the newer impression materials multiple restorations may be made by indirect methods. An entire mouth quadrant may be anesthetized, the preparations made in one sitting using high-speed techniques, an impression taken of the area in hydrocolloid, and the castings for the quadrant made by a laboratory technician. By these methods more dental service may be performed in two appointments than were possible in eight or ten appointments under former working conditions.

Whatever the dentist may do to increase his production by efficiency in practice makes it feasible for him to conduct his business without increasing fees.

Edward J. Ryan

[1]Kilpatrick, H. C.: High Speed in Amalgam Cavity Preparation, DENTAL DIGEST **61**:258 (June) 1955.

ASK Oral Hygiene

Please communicate directly with the department Editors, V. Clyde Smedley, DDS, and George R. Warner, MD, DDS, 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Loose Denture

Q.—Eight months ago, we delivered an upper immediate denture to a patient. The denture was fine, and although it has been relined several times, it still is satisfactory. Recently the patient wanted better dentistry, so we made an upper with a metal palate for him. He likes the denture except for a slight movement in the anterior region, labial. He can eat anything he wants to, even apples. He is a nervous person and insists on a reline in the anterior region.

What do you suggest?—S. P. B., Kentucky.

A.—I would say that your patient with the metal palate denture that is satisfactory in every way except for a slight movement in the anterior region, had better learn to disregard the slight movement and be satisfied. I tell my patients that it is undesirable for a denture to fit so tightly that there is no movement, for if a denture is so tight as to interfere with the normal circulation of the blood in the tissue, it either will cause soreness or stimulate absorption of the bone foundation.—V. C. SMEDLEY.

Delay in Tooth Formation

Q.—A family presents the following dental problem:

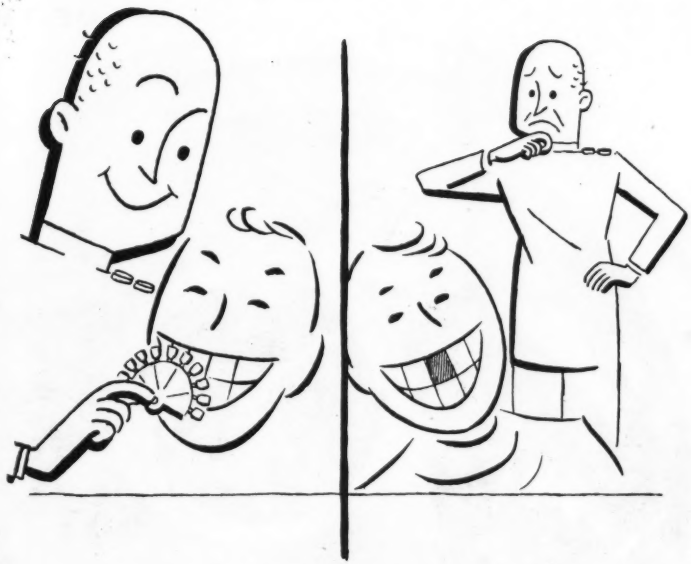
Two children are slow in the eruption of permanent teeth and the resorption of deciduous roots. Their permanent tooth bud formation is approximately two years behind average. The mother, having heard of a dentist in the Los Angeles area, who reputedly is advocating thyroid treatments for tooth growth, requested my opinion of this treatment. I informed her that to the best of my knowledge, there was no definite thyroid administrative procedure for tooth formation or eruption benefit alone.

Was I correct in my statement? If not, where could I obtain data to substantiate the thyroid tooth growth theory?—C. R. B., California.

A.—In a long and active professional life, I have seen many cases of delayed eruption of permanent teeth, but in each case the eruption has occurred normally, and, as far as I could determine clinically, the child was in good health. However, one authority has this to say, "If the eruption of the entire deciduous or permanent dentition is delayed, hereditary or systemic factors may be responsible. Among the systemic causes are: disturbances of the endocrine system and nutritional deficiencies. Hypothyroidism is of the former, and vitamin D deficiency of the latter group."[1]

On the strength of the foregoing quotation, it would seem wise in the case of delayed eruption of teeth to put the child in the hands of a competent internist for diagnosis and treatment.—G. R. WARNER.

[1]Orban, Balint: Oral Histology and Embryology, The C. V. Mosby Company, 1944.



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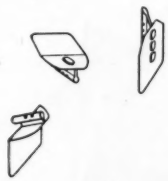

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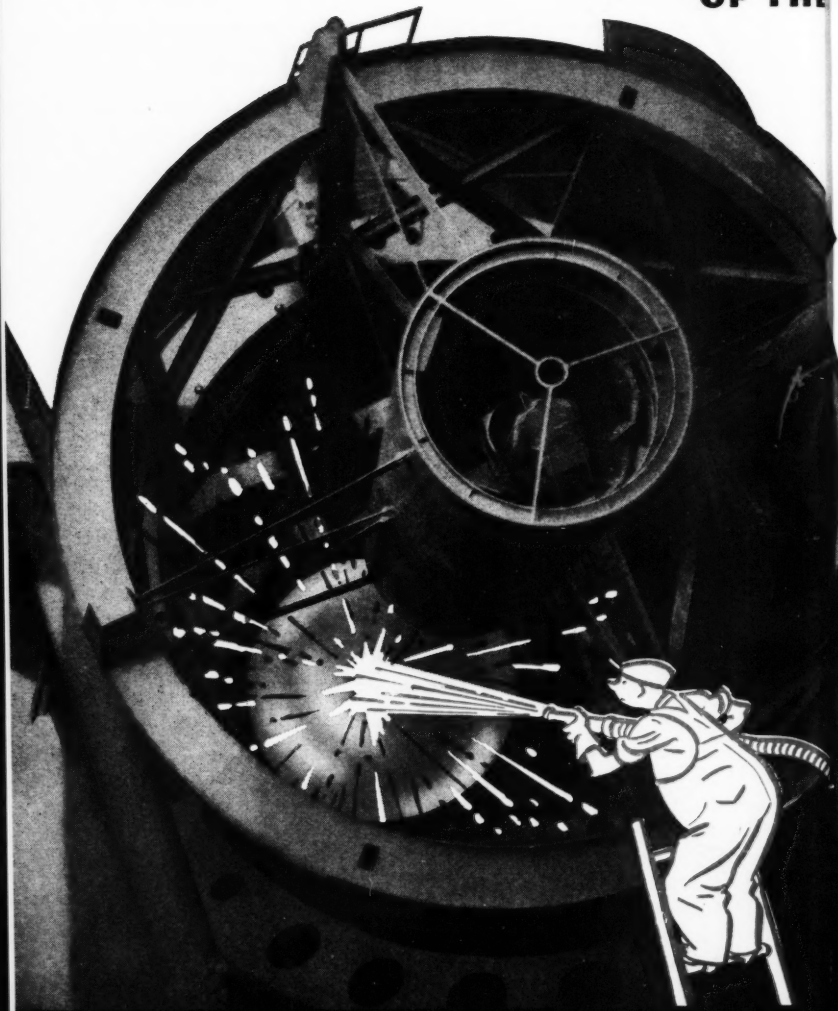

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Dental Requirements

Q.—Will you please let me know the following information?

Is it legally required of dentists to take roentgenograms of teeth prior to all extractions?

In case a tooth breaks during its extraction and the dentist then takes a roentgenogram of the root and advises the patient to have the root removed by an oral surgeon, is *not* the dentist clear of any blame?

Also, is it true that roentgenograms will *not* always tell you whether a tooth will or will not break?—I. V., New York.

A.—A dentist is required by law to follow the procedures in practice that are up to the average standard of practice followed by dentists generally in his community. And while it is a good and advisable procedure to take roentgenograms of all teeth before extracting, certainly this is not always done, nor is it a legal requirement.

In answer to your second question, yes, the dentist would be clear of blame.

It is not always possible to tell, through the medium of roentgenography, whether a tooth will break. Such a result can be suspected in the case of a slender, crooked root.—V. C. SMEDLEY.

Occlusal Abrasion

Q.—My posterior teeth are considerably abraded and sensitive to heat, cold, and sweets. I contemplate making a removable, metal, bite-raising appliance to prevent any more wear of the posterior upper and lower teeth.

What records are required for the laboratory work?

Is the metal in contact with the cupped-out dentine, or is it relieved?

Is this type of appliance comfortable when eating, with hot and cold liquids, when sweets and acids get under the metal, and with pressure as well?

Any information on this subject will be greatly appreciated.—M. A., New York.

A.—This is in reply to your letter relative to the deep occlusal abrasion of your bicuspid and molar teeth, which are sensitive to heat and cold.

First treat the occlusal surfaces of the teeth with Bibby paste. Then make a splint of acrylic, preferably for the mandibular teeth, to establish the proper vertical dimension. Next make the metal splint so that it fits in the deeply worn places, much as if you were making individual onlays. The patient can use this satisfactorily and further wear will be overcome, also the teeth on the opposite jaw will not wear as rapidly as when the natural teeth were in occlusion. —G. R. WARNER.

Adaptability to Dentures

Q.—I am writing in regard to a patient of mine who has had eight dentures and still has trouble.

The teeth were extracted about fifteen months ago, and an immediate upper denture was placed. After a few months, the denture was rebased and soon needed to be rebased again. The denture would be tight at the time and stay that way for several hours—then begin to loosen up and fall out.

This patient does not wear his denture to bed. He says that if he does, by morning it is so loose he cannot keep it in at all.

The dentures made have been an end-

to-end bite in the anterior region, and various occlusions and bites have been tried to make this patient comfortable, but to no avail—the denture continues to be tight before noon, and by 2 p.m. it is dropping out again. (This morning the patient could not get the denture in when he first got up, but after four cups of hot coffee finally was able to get the teeth in place!)

Any suggestions you might have on this case will be greatly appreciated.

The patient has lost thirty pounds since his teeth were removed—this weight was lost over a period of about six months immediately following surgery, and in the last nine months he has been able to regain about five pounds.—R. M. C., Oklahoma.

A.—It is interesting how greatly different patients vary in their experience with and adaptability to dentures. In my practice, I can cite two extremes. One patient wore the same full upper metal denture for fifty-five years, and I feel sure that it fitted her mouth as well the day she died at the age of 83, as it did the day it was made. The first time I examined her mouth she had worn the denture forty years; her mouth had not changed shape from the denture at all.

I think that another case in my practice must have been similar to this patient of yours. I made seven different denture fittings for this man in a period of five years, and each time his mouth had changed shape so radically that he really needed a new denture. We simply cannot predict with any degree of certainty what a patient's experience will be in this regard; we certainly should not hold ourselves responsible or permit our patients to do so, for the unhappy results in these unusual cases.—V. C. SMEDLEY.

Bilateral Tori Mandibularis

Q.—I am enclosing the cast of a female patient about 47 years of age. You will note the bony protuberance on the lingual of the lower right side, also a smaller one on either side of it, and one on the left side.

The roentgenogram is enclosed. The gingivae are normal, firm, and pink. This nodule on the right side has a thin mucous membrane covering, which is blanched. The patient has had these protuberances for a number of years? Would you tell me what causes them and their significance?—F. W. P., Wisconsin.

A.—Examination of the cast of the anterior part of the mandible and one roentgenogram of that area reveal what appears to be bilateral tori mandibularis.

In most cases these tori are about the same size on each side of the mandible, but, as in your case, one can be larger than the other. If a torus in the palate or mandible is fairly large, the covering mucous membrane is usually thin, as noted in the larger torus in your case.

Tori are simply an enlargement of the bone, and the cause is not known.

The smaller nodules in your case are the genial tubercles.—G. R. WARNER.

LAFFODONTIA

Doctor (to film actress): "You are run down and need a change."

Film Actress: "A change? Do you know that during the last eighteen months I've had three husbands, four cars, three jewel robberies, eleven cooks, two divorces, three publicity agents, seven maids and eight landlords? What other changes can you suggest?"

★

Paul: "I hear your girl is the rough and ready type."

Mike: "Whenever I get rough, she's ready."

★

Mary had a nifty dress
'Twas short and sweet and airy.
It didn't show the dirt at all
But gee, did it show Mary.

★

"Don't you think it's rather conceited to say that George has a tender spot for you?"

"Not at all. You see, father kicked him down the front steps last night."

★

Socialist Father: "What do you mean by playing truant? What makes you stay away from school?"

Son: "Class hatred, father."

★

Photographer: "You must try to wear a pleasant expression, sir."

Husband (to wife): "All right, Mary, will you please leave me alone for a few minutes?"

★

The judge, quizzing the defendant, asked, "You mean to say that you threw your wife out of the second story window through forgetfulness?"

"Yes sir," was the quick reply of the defendant. "We used to live on the ground floor and I plumb forgot we moved."

★

A man named Joe Hogsbristle appeared in court to have his name legally changed. The judge nodded, "What name do you want to take?"

"Frank Hogbristle. I'm sick and tired of hearing people say, 'Hi, Joe, whattya know.'"

★

"So your friend is stopping at the Cosmopolitan Hotel. Is he staying on the American or European plan?"

"Neither, he's on the Marshall plan. He isn't paying anything."

★

"Yes," said Mrs. Mugley, "I always try to retire before midnight. I don't like to miss my beauty sleep."

"Really," said Miss Knox, "you should try harder. You certainly don't get enough."

★

A certain Chicago advertising man is noted for his thriftiness; strangely, he is of Scotch descent. Imagine our amazement, at a recent select little dinner, to hear him call for the check. He blushed as he looked at it, but paid it like a man.

The next day's paper carried this headline:

"Scotchman Murders Ventriloquist!"

★

Ole Olson came into the village one day and inquired of the restaurant proprietor: "Got any squirrel whiskey?"

"No," said the restaurant man, "but I can slip you a little Old Crow."

"Aye don't vant to fly," said Ole. "Aye yust vant to yump around a little."

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ESTHETICS—Careful tooth arrangement for harmonious blending of color, tooth form and bilateral symmetry are combined with a design which minimizes the display of metal. This provides a natural and pleasing appearance.

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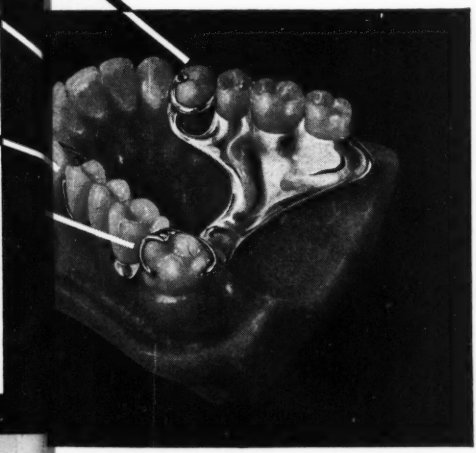

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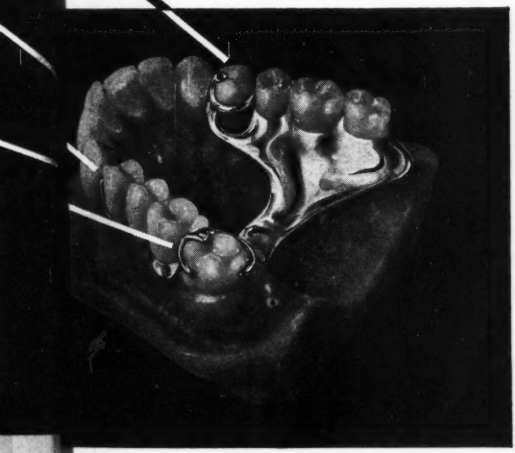

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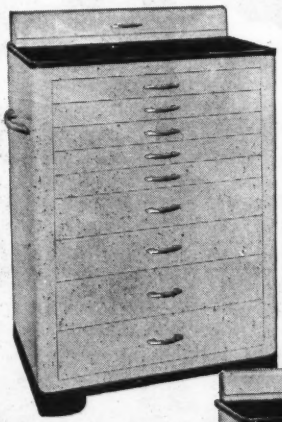

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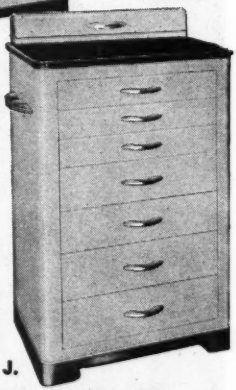

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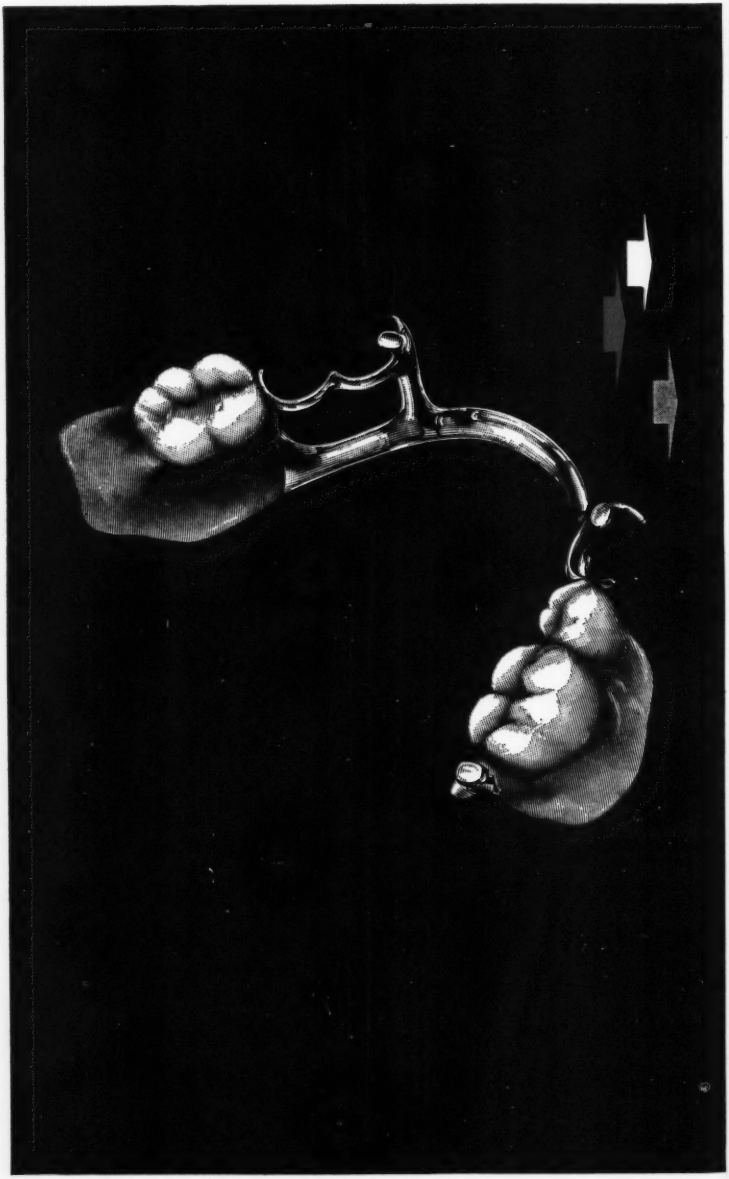

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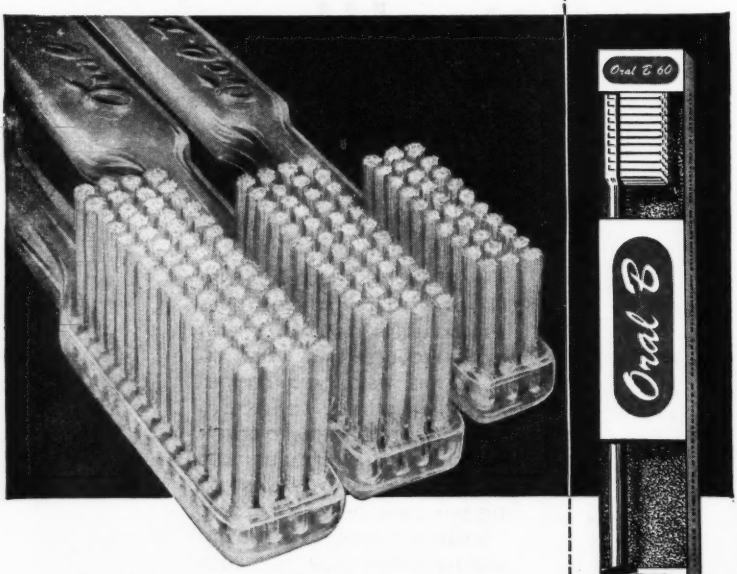

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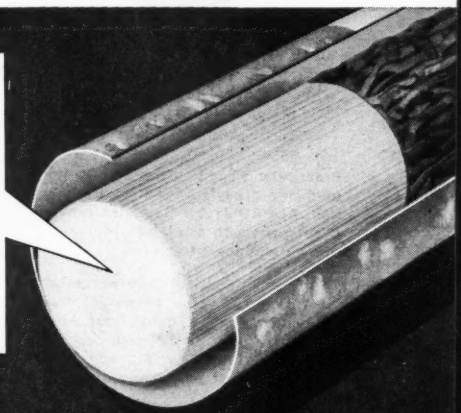

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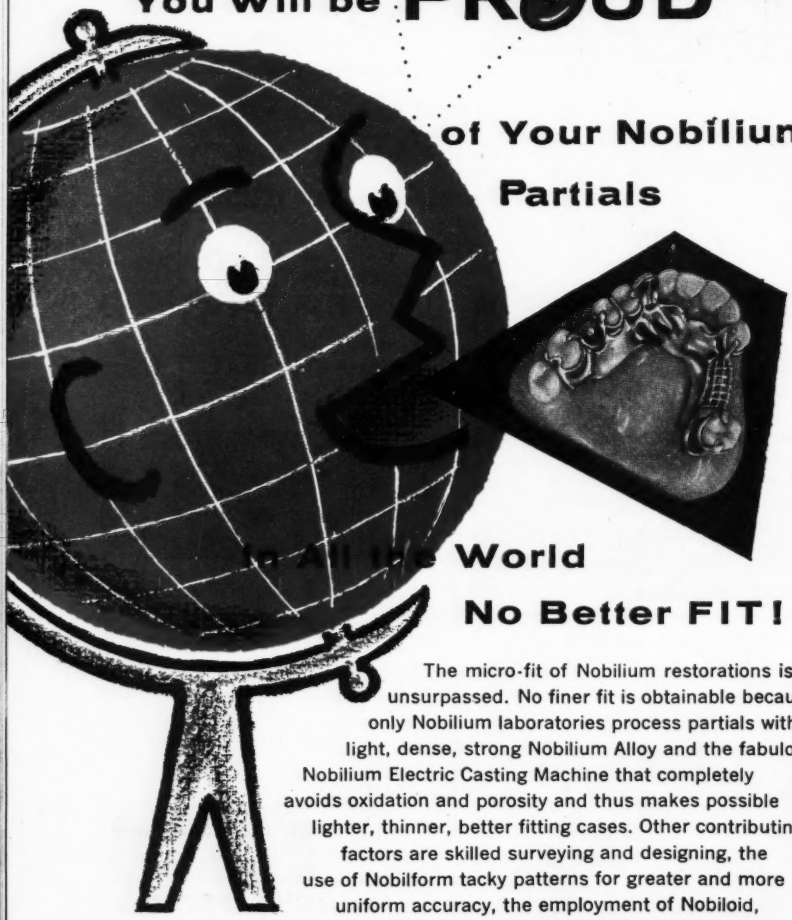

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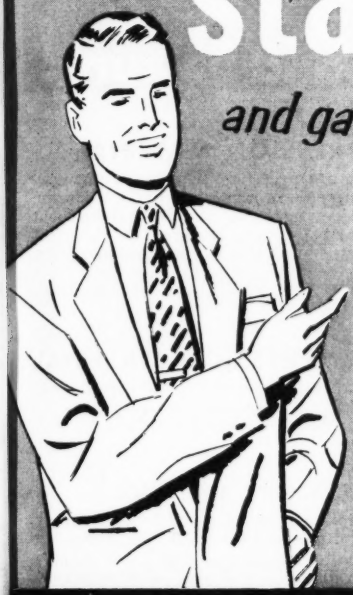
rebase with stabelyne

and gain these advantages...



ACCURACY – a perfect reproduction of the denture-bearing area – complete comfort for the patient.

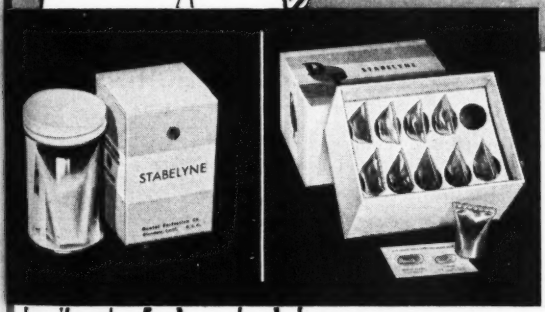
PERMANENCE – Stabelyne is as permanent as a processed denture.

EASE and SPEED – air bubbles and porosity eliminated by pre-mixing – has the texture of soft compound – much quicker and easier to use.

MORE PLEASANT – not messy or sticky – *much* more pleasant for the patient from *all* standpoints.

CRYSTAL CLEAR – no granulation.

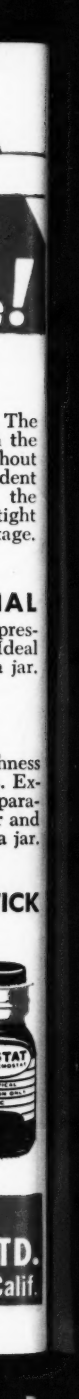
ADEQUATE working time.



STABELYNE is available in one-unit or 10-unit packages, to suit *your* requirements.

Order from your dental dealer TODAY!

dental perfection co. 543 West Arden Ave. Glendale 3, Calif.



Trip
Ed

Tripping eliminated
Easy articulation

NOW IN BOTH PORCELAIN and PLASTIC

Myerson's

Synchronized

ANATOMIC POSTERIOR

Occlusals "synchronized" to give you easy articulation and lateral motion without tripping.

To be able to use an anatomic posterior and at the same time have the advantages of the functional type has long been desired.

Synchronized Posterior forms have achieved this goal in our plastic material so satisfactorily that we have introduced them in Porcelain.

Specify Myerson's Synchronized Posteriors in either material for your next full or partial denture.

Beautiful anatomic forms

Send for mould chart

Gives complete mould, shade and dimensional data on Synchronized Posteriors. Write Dept. OH-105

Myerson TOOTH CORPORATION
CAMBRIDGE 39, MASS.

LEADERS OF PROGRESS IN PORCELAIN AND PLASTIC TEETH

perfect full denture impressions every time...

Use 3 in 1 "Regular" or "Thin"— or combine for a consistency to fit EVERY *case and technic.*

D-P 3 in 1 CREAM OFFERS YOU THESE ADDITIONAL ADVANTAGES:

Ideal for pressure or non-pressure technics.

Pleasant tasting, with no burn.

Will not adhere to dry tissue.

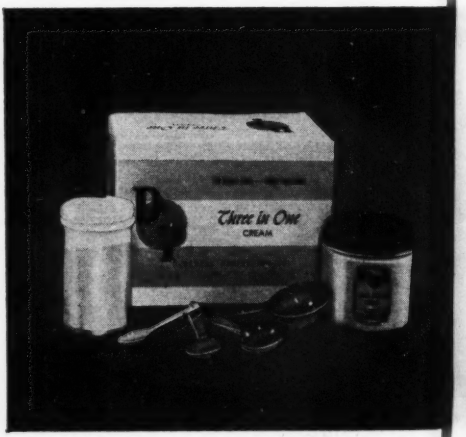
Specially compounded to compensate for stone expansion.

Reproduces denture bearing areas *in all dimensions* with micrometric accuracy.

Material adheres to itself — can be added to if necessary.

Can be withdrawn over *any* undercuts.

Will not distort when cast is poured.



Order both "Regular" and "Thin" from your Dental Dealer TODAY.

dental perfection co.

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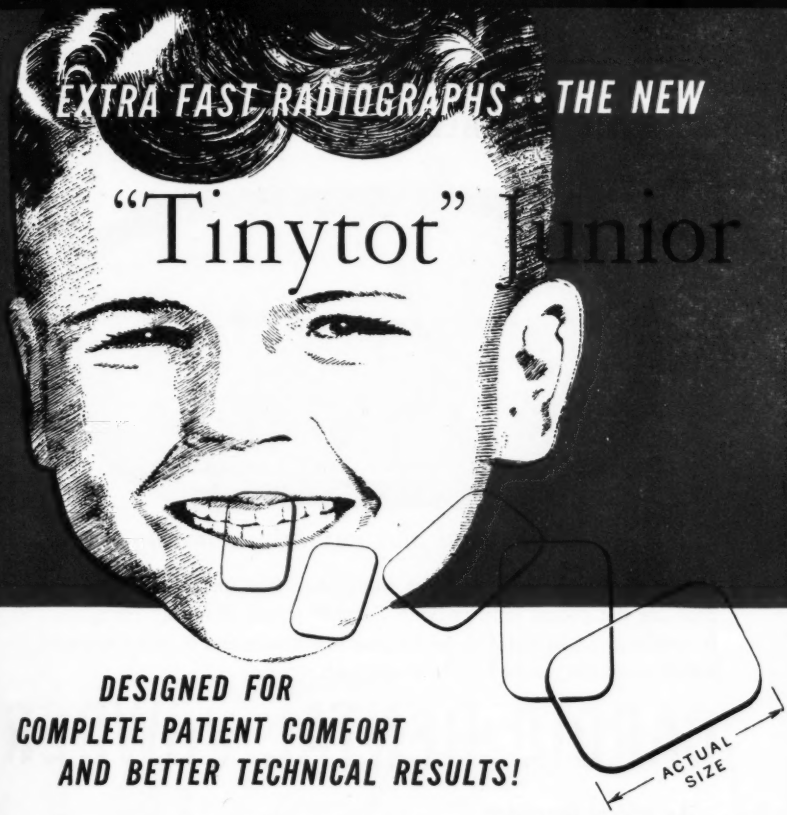


DESIGNED FOR COMPLETE PATIENT COMFORT AND BETTER TECHNICAL RESULTS!

Here is the film ideally suited for use on small children. Its size, speed and accuracy solves the problem of developing consistently sharp, brilliant radiographs on every case because:

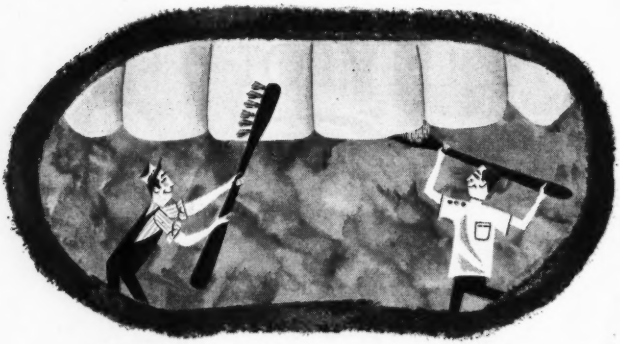
- **Size: Smaller Than Any Child-Size Film Available. More Accurate Film Placement.**
  Eliminates Distortion. No Bending Increases Patient Comfort.
- **Speed: Extra Fast — ½ to 1 Second Exposure**
  Intermediate — 2 to 4 Seconds Exposure

Available in single or double films per packet. Samples on request. See your dealer or write Rinn X-Ray Products, Inc. Chicago 41, Illinois.

Rinn

LEADERS IN DEVELOPMENT OF DENTAL X-RAY TECHNIQUES AND PRODUCTS

THE DOUBLE-ACTION DENTIFRICE



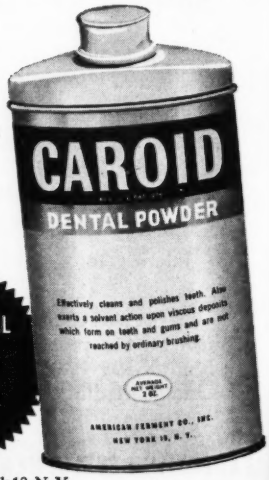
Mechanical plus enzymic cleansing

Caroid Dental Powder provides more than just mechanical cleansing. It contains the potent fruit enzyme Caroid® which is widely recognized for its mucosolvent action. Caroid liquefies oral mucin and digests food particles which cannot be reached by the toothbrush alone.

CAROID DENTAL POWDER

An ethical dentifrice . . .
never advertised to the laity

- Cleans and polishes teeth safely (U. S. Bureau of Standards Scratch Test)
- Harmless to acrylic and vulcanite dentures
- Retards formation of calculous deposits
- Dissolves organic debris
- Liquefies oral mucin
- Removes stain from metal



PROFESSIONAL SAMPLES SENT UPON REQUEST

American Ferment Company, Inc., 1450 Broadway, New York 18, N. Y.

In exodontia and oral surgery ...to control bleeding

Adrenosem checks bleeding by decreasing capillary permeability and promoting retraction of severed capillary ends. It aids in maintaining capillary integrity by direct action on the capillary walls.

Adrenosem does not alter blood components, nor does it affect blood pressure or cardiac rate. In the recommended dosage, Adrenosem has a very high index of therapeutic safety.

Supplied in syrup, tablet and ampul form, this distinctive hemostat is easy to administer. It has been used with success both prophylactically and therapeutically. Adrenosem Syrup is particularly well suited for use in oral surgery. It may be administered (separately but simultaneously) with any type of anesthetic, anticoagulant, or vitamin K and heparin.

Adults—5 mg. every two hours before surgery for two doses, then if necessary 5 mg. every two hours after surgery until bleeding is controlled. (2 teaspoonfuls of the Syrup orally or 1 ampul intramuscularly.)

Syrup—2.5 mg. per 5 cc. (1 tsp.) in 4 oz. bottles

Tablets—1 mg. in bottles of 50
2.5 mg. in bottles of 50

Ampuls—5 mg., 1 cc., in packages of 5

YOUR LOCAL PHARMACIST WILL FILL YOUR PRESCRIPTIONS FOR ADRENOSEM

Adrenosem®
SALICYLATE U.S. Pat. No. 2,581,850, 1952
(Brand of carbazochrome salicylate)

THE S. E. MASSENGILL COMPANY
Bristol, Tennessee

NEW – 1956 MODEL

UNION BROACH (Reiter)

AUTOMATIC SURGICAL MALLET

with 6 Points **$35.00**

A MUST— The indispensible instrument for the General Practitioner or Oral Surgeon

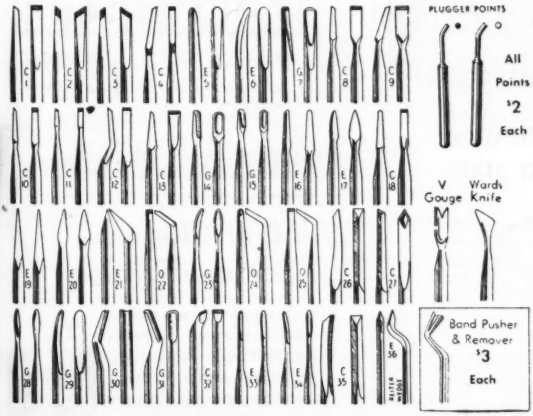
Some Advantages of the New Model Are:

- **Shorter—Easier to Handle**
- **Length and Force of Stroke Adjusted at ONE Point**
- **Ideal for Hospital and Out-Patient Use. No Engine Necessary. ONE HAND Operation.**

The UNION BROACH AUTOMATIC SURGICAL MALLET enables the operator to regulate the force of the blow from a mild one used to seat an inlay or bridge, to a force necessary to split teeth or cut dense osteum. It can be regulated to predetermine the distance the chisel will travel as indicated.

Regulates Length and Force of Stroke in ONE Operation

SURGICAL MALLET POINTS



The Union Broach Automatic Surgical Mallet does so *much* with so *very little* effort on the part of the Operator!

Price Subject to Change Without Notice

Write for Descriptive Literature

UNION BROACH CO., Inc.

37 West 20th Street New York 11, N.Y.

Visit Booth 416, A.D.A. Meeting, San Francisco—Oct. 17 to 20

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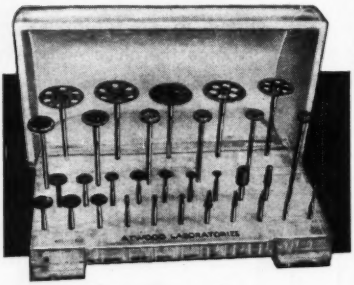
USING THE WORLD'S BEST DIAMOND INSTRUMENTS

— KIMBERLEY —

- Prove to yourself, doctor, that cavity and crown preparations can be accomplished with a minimum of effort.
- Please visit our booth #823 at the ADA meeting in San Francisco, Calif.



OVER 200 POPULAR SHAPES AND SIZES

KIMBERLEY DIAMOND INSTRUMENTS T.M.

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Box #32
Woodland Hills, Calif.

Write for catalog and special introductory offer—including Free Instrument.

Dealer inquiries invited.

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The *Vinoy Park* HOTEL

Largest and finest hotel on Florida's Gulf Coast—overlooking beautiful Tampa Bay and St. Petersburg's waterfront parks. Surf bathing, private fresh water swimming pool in exotic tropical setting. Golf on hotel's own course—all other activities available. Entertainment. Finest foods and unexcelled service.

American Plan. Season December to April.

Folder and rates on request.

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BOSWORTH Improved SALIVA EJECTOR

for **HIGH-SPEED TECHNICS**

"Carries water away as fast as it can be poured in"

Will Not Clog —nor suck tissue

Highly efficient and extremely useful in cavity preparations, finishing and filling, prophylaxis and polishing. Speeds up operative procedure, conserves chairtime and is gentle to patients.

Only $5.00 ea. Large or Small

HARRY J. BOSWORTH CO.
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Order from your dealer

NOW not only

ANTI-ENZYME ACTION

with sodium dehydroacetate

12 to 24 hours after brushing

BUT ALS(

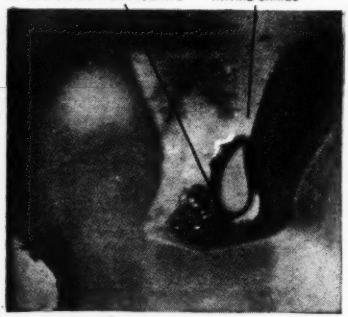
PROVEN

Retention by histochemical methods

12 to 24 hours after brushing

PENETRATION AND STAINING OF SODIUM DEHYDROACETATE

DENTAL FISSURE WITH INITIAL CARIES



Tooth cross section showing red-stained sodium dehydroacetate in exposed protein of developmental groove (Schiff's differential stain).

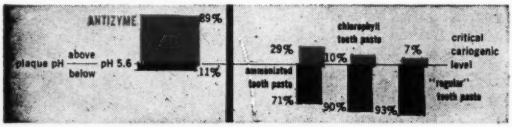
Histochemical studies at a leading dental research center prove sodium dehydroacetate is retained on dental plaque, on decalcified enamel areas, and in developmental pits and carious lesions, *both in vitro and in vivo.*

PROVEN

pH control even after sugar rinse

12 to 24 hours after brushing

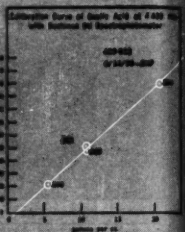
Although "regular" tooth paste provided pH control for only ½ hour, 9 out of 10 caries-active subjects using Antizyme Tooth Paste obtained continuous pH protection above cariogenic levels for 12 to 24 hours even after a 50% sugar rinse.



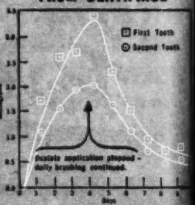
pH control after sugar rinse, 12 to 24 hours after brushing, proves Antizyme's protective action.

SODIUM DEHYDROACETATE IS FOUND EXCLUSIVELY IN ANTIZYME TOOTH PASTE

MICRODETERMINATION OF OXALIC ACID



IN VITRO ABSORPTION O RADIOACTIVE OXALATE FROM DENTIFRICE



Radioautograph of extracte human tooth after daily brus ing with a tooth paste conta ing C^{14} labeled sodium oxala showing oxalate deposits wh against the dark backgrou

(for the first time in any dentifrice

SAFE FLUORIDE-LIKE ACTION

PROVEN

Enamel solubility reduction

Investigators have shown that certain ions reduce the solubility of tooth enamel. Among these are the fluoride ions and the less toxic oxalate ions. Some investigators found that when sodium oxalate was dissolved in an acid beverage tooth erosion was greatly reduced. Others reported that natural oxalate-containing foods, such as spinach and rhubarb, produced a protective film on the molars of test animals within one week.

More recently, a study was made on human teeth *in situ*. In this study the uptake of oxalate from the dentifrice was demonstrated. (See graph.)

PROVEN

Retention of oxalate confirmed by tracer studies

In a radioactive study on the transfer of sodium oxalate to teeth by topical application, radioautographs showed oxalate deposits and their location. These deposits *increased daily* as brushing continued. When brushing with the test dentifrice was discontinued, an apparently permanent deposit of oxalate remained in pits, cracks, and lamellae of the enamel, although the amount on the intact surface of the enamel decreased.

This study confirms that the action of oxalate parallels that of the fluoride ions. Yet unlike fluorides, oxalate is safe even for children under six and even in areas where water supplies are fluoridated.

THIS TOOTH ENAMEL PROTECTION, PROVIDED BY THE FLUORIDE-LIKE ACTION OF SODIUM OXALATE, IS FOUND EXCLUSIVELY IN

Data available on request

LAMBERT PHARMACAL COMPANY

Division of WARNER-LAMBERT PHARMACEUTICAL COMPANY, Jersey City 6, N. J.

EMESCO CARBIDE BURS
with spring tempered neck that prevents breakage

Emesco Carbide Burs save chair time, save money—cut 3 to 4 times faster than steel burs, outlast 50 steel burs—give full value because their design prevents chipping and breakage.

Write for literature telling why they last longer

PLAIN BURS
$1.25 each in lots of 6
FISSURE BURS
$1.80 each in lots of 6

the bur
with the black shank

Emesco

EMESCO DENTAL COMPANY
150 FIFTH AVE., NEW YORK 11, N. Y.

and operate with confidence!

Quick onset (86 seconds average) permits restorative procedures to be started almost at once and carried through swiftly and deftly, confident the patient will feel no pain.

Make YOUR next order . . .

RAVOCAINE* HCl
Brand of propoxycaine HCl

AND NOVOCAIN*
Brand of procaine HCl
with **LEVOPHED*** *or* **COBEFRIN***

SO FAST · SO DEEP · SO SURE

Levophed brand of levarterenol; Cobefrin brand of norderfrin.

Incidentally . . .

So efficacious is Ravocaine HCl 0.4% and Novocain 2% with Levophed 1:30,000 or Cobefrin 1:10,000 that less than the average volume usually is entirely adequate for routine cases.

New Auxiliary Dental Chair

for Children 2 thru 6 years

Provides Real Convenience

Avoids Lost Time

Designed by a child's specialist *for real convenience and chairtime conservation.* Fits over back of adult chairs: Ritter, SSW, Weber and Harvard *in a matter of seconds!* Raises child off seat, maintains position for dentistry including x-rays of lower molar area. Makes child comfortable. Has own arm support and foot rest. No sliding forward.

- Lightweight aluminum with washable, replaceable nylon seat.
- Strong sturdy construction for years of use.
- Makes a child's chair of regular adult chair; no extra space required, no overhead expense, no extras to buy. Ideal for dentists who use operating stools.
- Protects adult chair; won't mar or scratch.
- Highly successful in hundreds of offices.
- Pays for itself thru convenience and and time saved.
- Prompt delivery.

Order through your dealer

KILLIAN-KOTHERA CO. 27 E. Monroe St., Chicago 3, Ill.

Burs Reground **$4.80** per gross. Introductory 4 doz. **$1.** Vulc., Surg., Finishing Burs **20¢** ea. Carbide Burs **50¢** ea.

BURS SHARPENED JUST LIKE NEW

Steel, and machining it to shape, are the main cost in new Burs. Sharpening is final operation. No need to throw away your old Burs. They're valuable. Send them to us. First, we sort and select. Then expert craftsmen grind edge by edge down to next standard size Bur. Precision holders guarantee accuracy. Streams of water preserve temper while each edge is ground. Result: a Bur that really cuts and cuts and cuts! $4.80 per gross; introductory offer of 4 dozen only $1. Send a box of old Burs NOW . . . see for yourself how cool they run . . . how well they cut.

HANDPIECES REBUILT COMPLETELY

Fitted Bearings, Gears, Shafts make the difference in a Mullen job. Each housing or shell is fitted not with just stock size shafts, but with shafts that are ground individually to compensate for the wear in that particular angle. Then gears and bearings are all fitted, bringing the handpiece back into perfect, smooth-running alignment, just like new. Only skilled men of many years experience work on your handpiece. You'll be delighted with the smoothness and ease with which you use a handpiece after it has been Mullen Serviced.

Standard Contra-angles Rebuilt **$5.75** Special types: Densco, Midwest, Adjustable, Chayes . . . estimates on request. Straight Handpiece at **$10.**

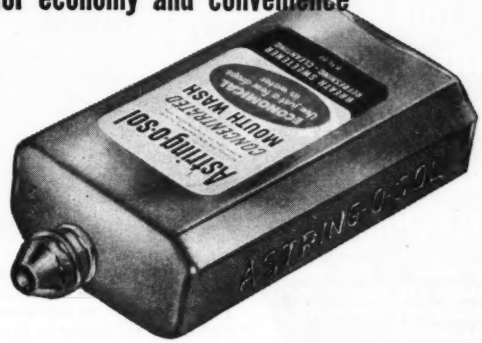
Send postcard for FREE mailing box. State probable contents.

MULLEN Bros. **SATISFACTION GUARANTEED** **6803 S. Chicago Ave. Chicago 37, Ill.**

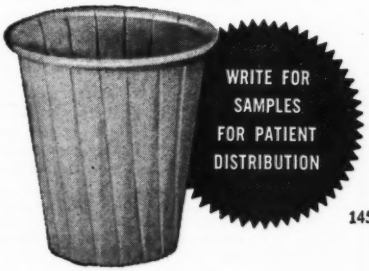
Astring-o-sol mouthwash

concentrated for economy and convenience

a little goes a long way



- Here is a peppy, invigorating mouth rinse that not only tastes good and sweetens the breath, but also helps loosen and flush away organic debris.
- Astring-o-sol is an efficient detergent and effective deodorant. It will not injure delicate oral tissues and is ideal for daily mouth care.
- It's economical . . . it takes only a few drops of concentrated Astring-o-sol in a half-glass of water for a pleasing and effective mouthwash.
- USE IT AT THE CHAIR BEFORE AND AFTER DENTAL PROCEDURES
- RECOMMEND IT TO YOUR PATIENTS FOR DAILY MOUTH CARE



Remember... it takes only drops instead of drams because it's concentrated.

American Ferment Co., Inc.
1450 Broadway, New York 18, N. Y.

More effective, better tolerated antibiotic therapy with

TETRACYN® SF*

Brand of tetracycline

Where dental surgery or infection requires the administration of broad-spectrum antibiotic therapy, Tetracyn SF now offers accelerated recovery through integrated treatment on two therapeutic levels:

1 **antimicrobial attack . . . to speed defervescence**

2 **nutritional support . . . to speed convalescence**

More effective and better tolerated, this newest of the broad-spectrum antibiotics acts against the widest range of pathogenic organisms commonly found in the oral cavity and in dental infections. In Tetracyn SF, the antibiotic is combined with a special formula of vitamins B, C and K suggested by authorities[1] for patients undergoing physiological stress.

Supplied: ***CAPSULES*** 250 mg. ***ORAL SUSPENSION*** (fruit flavored) 125 mg. per 5 cc. teaspoonful

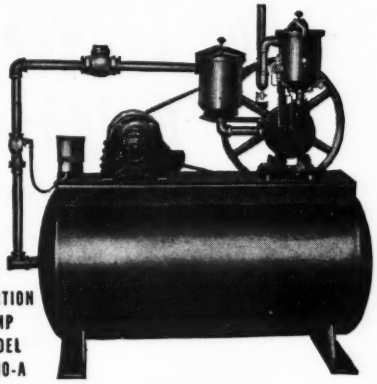
1. **Pollack, H., and Halpern, S. L.: Therapeutic Nutrition, Prepared in Collaboration with the Committee on Therapeutic Nutrition, Food and Nutrition Board, National Research Council, Washington, D. C., 1952.**

***Trademark for Pfizer brand of antibiotics with vitamins**

Pfizer

Dental Department
PFIZER LABORATORIES, Brooklyn 6, N. Y.
Division, Chas. Pfizer & Co., Inc.

central suction



SUCTION PUMP MODEL P600-A

½" PIPE PV-25 1 REQUIRED
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½" PIPE PV-25 1 REQUIRED
½" PIPE PV-25 1 REQUIRED

RISERS 1" PIPE

a "must" whenever you remodel or build your Dental Clinic!

Almost every *new* clinic or every modernized clinic includes CENTRAL SUCTION as a "must"—the System which has this Central Suction Pump in a penthouse, basement or utility room . . . and these Suction Bottle Units installed and built into each operating room.
For complete information and practical suggestions which will help you plan your clinic installation—

Write for McKesson Central Suction Brochure!

McKESSON APPLIANCE CO. • TOLEDO 10, OHIO

McKesson

BOTTLE-TRAP CENTRAL SUCTION SYSTEMS

when impaired
oral health reflects
a deficiency in

water-soluble vitamins...

Good oral health requires an adequate daily supply of the water-soluble vitamins B and C:

"The relationship between malnutrition and gingivitis seems evident....The predominant deficiency was in the vitamin B complex."[1]

In herpangina, "all six cases responded quickly to therapeutic B complex (Allbee with C), with complete disappearance of the lesions within a week. To date none of these lesions have recurred."[2]

1. Sud, V.: J. D. Res. 30:19, 1951.
2. Nathanson, I. G. and Morin, G. E.: Oral Surg., Oral Med. and Oral Path. 6:1284, 1953.

ALLBEE® WITH C

Robins

Formula:

Each capsule of Allbee with C contains:

Thiamine hydrochloride	15 mg.
Riboflavin	10 mg.
Calcium pantothenate	10 mg.
Nicotinamide	50 mg.
Ascorbic acid	**250 mg.**

A. H. ROBINS CO., INC. • RICHMOND 20, VA.

Ethical Pharmaceuticals of Merit since 1878

more economy for the patient, too!

The Strides of Science — from oxcart

— from old fashioned remedies

Remedies in folklore for toothache have ranged from eating an apple roasted in a species of palm leaf, to inhaling an infusion of bamboo.

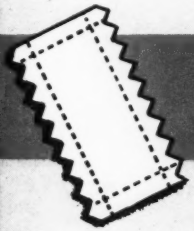
"Oxcart" therapy has long since been left far behind by authoritative medical research, which—in the field of dental analgesia—has resulted in the formulation of Poloris Poultice.

This modern scientific preparation employs the clinically-proven capsicum, to provide effective, gentle counterirritation, for gratifying pain relief and reparative tissue stimulation. Its action is enhanced by the local anesthetic, benzocaine.

Poloris Poultice acts directly—*locally*—on the local dental pain... free from the many dangers often inherent in general systemic medication.

Poloris Company, Inc., Jersey City 2, N. J.

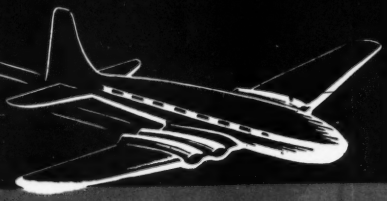
Dept. 55-K



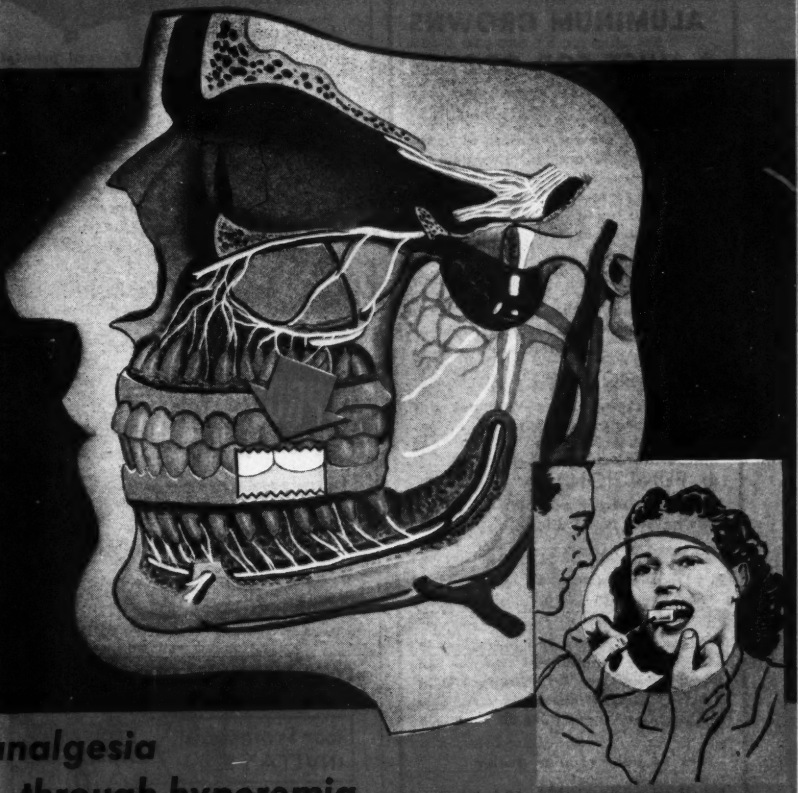
POLORIS

—for effective pain relief, with reparative stimulation, in emergency pain, pericementitis, dental abscess, erupting third molar, root canal therapy, gum irritation, and dental neuralgia.

. to modern jet transport



ies. to MODERN POLORIS POULTICE



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the WHITER amalgam

The Lang formula produces a whiter amalgam ... your assurance of a lustrous silvery finish.

The high silver content is the key to faster, more efficient work. White Beauty amalgamates easily with mercury. Its perfect texture adapts exactly to cavity outlines, and it carves beautifully. Comes in both regular and fine cut, regular setting and moderate setting. Packed in 1 oz., 5 oz., and 12 oz. units.

Ask your dealer or write to
Lang Dental Manufacturing Co.
828 Montrose Ave., Chicago 13, Ill.

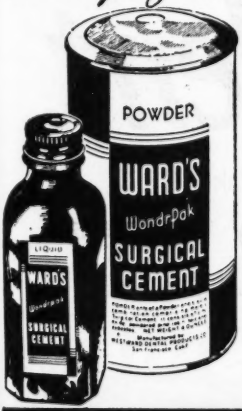
Lang's

WHITE BEAUTY ALLOY

Certified to A.D.A. specification No. 1

WONDRPAK SURGICAL CEMENT

Recognized everywhere for over 30 years!



Since 1920 WONDRPAK has steadily become the standard surgical cement for thousands of dentists. Minimizes post-operative treatments. Use it for all sockets after extraction, to aid healing under aseptic conditions. Other uses and the techniques in each package. Two sizes in both liquid and powder; regular, fast and slow setting.

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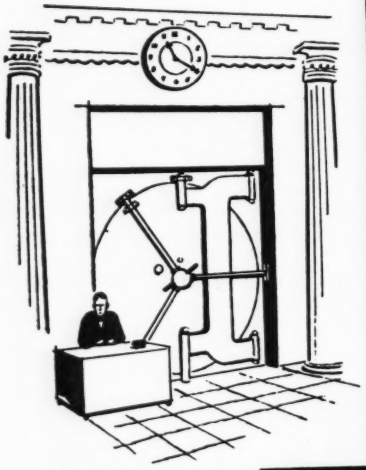
INSIDE



OUTSIDE

Amm-i-dent®

with SLS* gives

*Trademark for Amm-i-dent brand of Sodium N-Lauroyl Sarcosinate

"INSIDE - OUTSIDE" protection

As the bank provides protection inside with its vault and outside by its guards so, too, does Amm-i-dent give inside-outside protection.

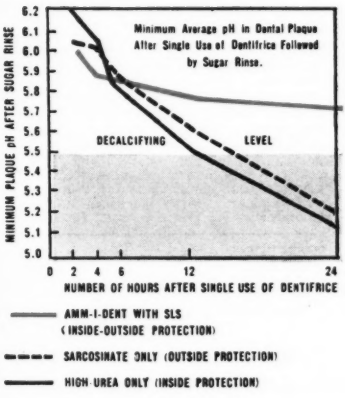
INSIDE

Urea in high concentration is deposited in the tooth pulp, diffuses outward as needed to hold plaque and enamel above decalcifying level of pH 5.5—*gives caries protection from the inside up to 12 hours.*

OUTSIDE

SLS* adsorbs to enamel and plaque, resists flushing with running water. A detergent with bacteriostatic, anti-enzyme and anti-acid properties, SLS keeps pH above 5.5—*gives caries protection on the outside for more than 12 hours.*

● Because High-Urea and Sodium N-Lauroyl Sarcosinate have synergistic action, *New Amm-i-dent with SLS* provides longest lasting caries protection—pH above 5.5 for *more than 24 hours.*



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DENTIST WANTED to locate in Dresden, Ohio to serve prosperous community and area with about four thousand families. Office facilities now available. Tri-county weekly newspaper serving area will introduce practice. Write Chamber of Commerce, c/o D. L. Adams, Box 187, Trinway, Ohio.

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FOR SALE: Established thirty-five year dental practice located in Maine, low rent. Excellent business in a busy town. Dentist retiring on account of health. "M" Oral Hygiene, Pittsburgh, Pa.

SALES REPRESENTATIVE WANTED now calling on dentists. Carry our top quality diamond dental instruments. KWIKUT, 601 S. Vermont Ave., Los Angeles 5, Calif.

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FOR SALE: Seattle, Wash., dental practice, downtown location, established twenty-five years. Newly decorated, new reception room furniture, one motor chair and unit, one Ritter chair and unit, x-ray machine, fully equipped laboratory. "R" Oral Hygiene, Pittsburgh, Pa.

WANTED: Ambitious associate, draft exempt, opportunity for right man to have own practice; general practitioner or oral surgeon. Four-chair, well located and equipped air-conditioned office, modern building. Also occupied by M.D. Ample off the street parking, busy Philadelphia, Pa., suburban area. "S" Oral Hygiene, Pittsburgh, Pa.

WANTED: Orthodontist to share office expenses two or three days per week. Ritter x-ray and equipment, dark room and laboratory, air-conditioned. Located on main business street in Passaic, N.J. "T" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Brick building in Rochester, N.Y. Three modern fullly-equipped dental operative rooms, hygienist room, located on ground floor. Large apartment on second floor, rented. Parking, eight bus lines. Hustling practice established by two dentists. Retiring for other interests. Gross revenue, fifty thousand dollars. "V" Oral Hygiene, Pittsburgh, Pa.

SELLING YOUR PRACTICE: Why not also use the classified columns of the Dental Students Magazine? National circulation 14,000 monthly. This includes over 2500 recent graduates. Many of these readers looking for an opportunity such as you have to offer. Our rates: $3.00 for 50 words or less, 10c per word additional. Check with order. Write Dental Students Magazine, 874 Green Bay Road, Winnetka, Ill.

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FOR SALE: Retiring; combination home and dental office in thriving village overlooking El Cajon Valley with beautiful view of Laguna Mts. and Cleveland Nat'l. Forest. Ideal climate, twenty-five miles from San Diego. Ideal for full time or semi-retirement. Enough bearing citrus trees for home use: fifteen thousand dollars. "X" Oral Hygiene, Pittsburgh, Pa.

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I am an Austrian, thirty-seven years old. Have master's degree in dentistry. Worked four and one-half years in an American military dental station. Am acquainted with all kinds of work in the the dental profession. I am now seeking a position in a dental laboratory of a dentist in the United States. Need work badly. If interested, please write Delani Viktor, Wien 25, Perchtoldsdorf, Anzengrubeg 12, Austria.

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FOR SALE: Two-chair dental office in Oklahoma city. Doing good cash business. A-1 location; four large rooms, low overhead. Established over twenty years. Will sacrifice. Must quit on account of health. Dr. L. L. Pollock, 132½ W. Commerce, Oklahoma City, Okla.

FOR SALE: Completely modern bungalow type Ritter equipped three-chair dental office, established twenty-two years; air-conditioned. Located just two blocks from main business district. Real opportunity. County seat town, five thousand, seventy miles east of Kansas City, Mo. Owner retiring. "AC" Oral Hygiene, Pittsburgh, Pa.

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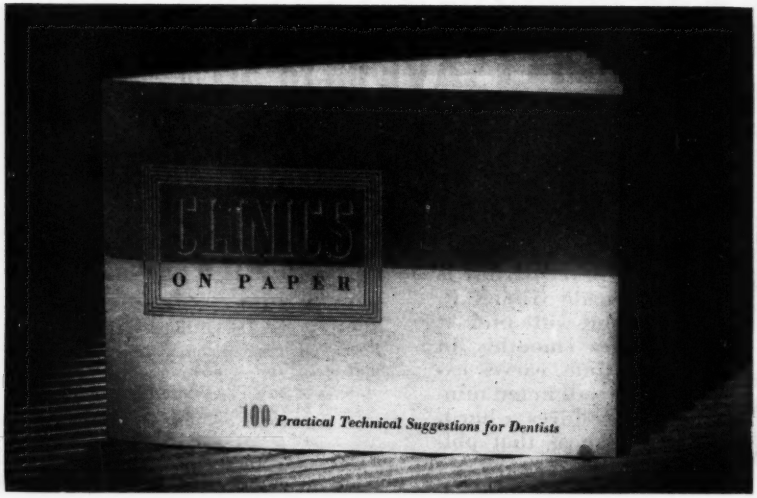
WANTED three or four good used Ritter foot pump chairs, closed footboard. Write Mr. E. B. Hoke, Box 686, Louisville, Ky.

WHO'S WHO AND WHERE

Although we aim for accuracy in this index, last-minute changes often alter page numbers and positions.



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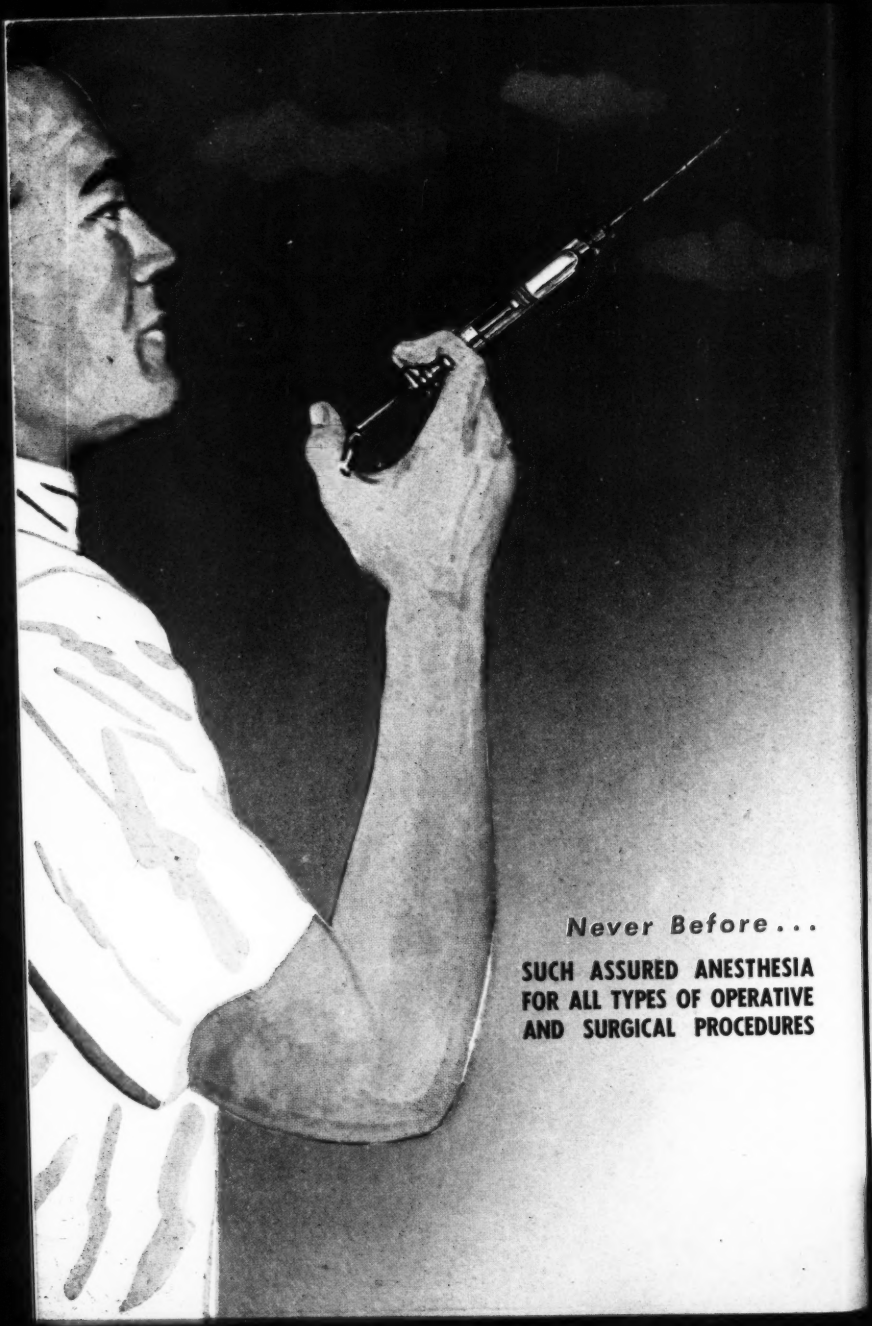
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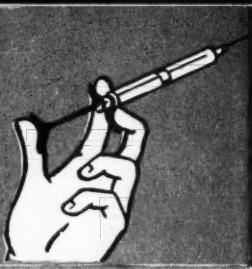

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These Novol Anesthetic Accessories afford the added patient protection and comfort that builds a practice!

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Provide a practical method of obtaining profound surgical anesthesia and a high local penicillin level, with a single injection . . . plus the convenience of the cartridge system. Monocaine 2ME is the penicillin solvent and the Monocaine-penicillin-epinephrine solution is drawn into the aspirating syringe, ready for the injection.

P D N CONES

An efficient combination of broad spectrum antibiotics and a topical anesthetic in a cone-shaped tablet . . . for convenient implantation into the extraction socket. Contain penicillin, dihydrostreptomycin and naepaine in a soluble binder, which releases the antibiotic-anesthetic mixture into the surrounding area as the cone dissolves.

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NBT Solution combines rapidly induced, potent Naepaine-(Amylsine)-and-tetracaine anesthesia with the prolonged effect of a slowly soluble Benzocaine, in a special non-oily vehicle. The vehicle enhances the penetration of NBT through the mucosa and is less irritating to the tissues than the alcohol base usually used.

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How do your dentures fare, six months after you've inserted them? It may prove enlightening to check — to see whether they still gleam with their original high lustre, or are dulled by improper cleansing . . . whether their meticulously fashioned ridges still retain their delicate fit, or are scratched, scarred and loose fitting because of harsh abrasive scrubbing.

Be sure all your denture patients give their dentures proper cleansing care—the safe Polident way, that protects finish and fit by its gentle "soak-and-rinse" action . . . yet effectively floats away debris, removes stains, and completely destroys denture odors.

"6-months-after" DENTURE CHECK-UP

Complete ( ) Upper ( )
Partial ( ) Lower ( )

Patient.....

Dentures inserted (date).....

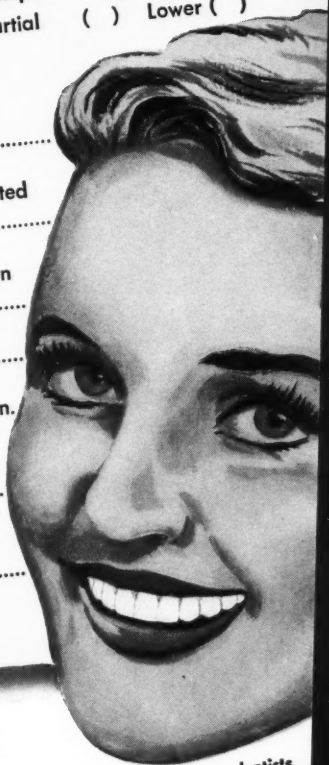
Reexamination (date).....

Abrasion.....

Discoloration.

General Condition...

Using Polident?.....



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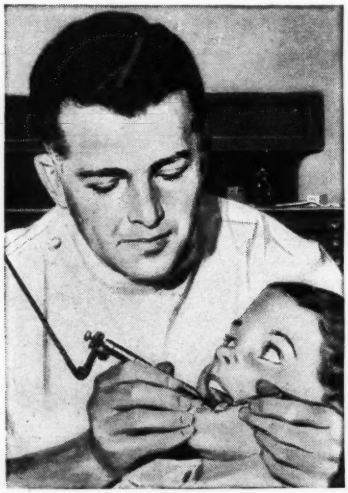
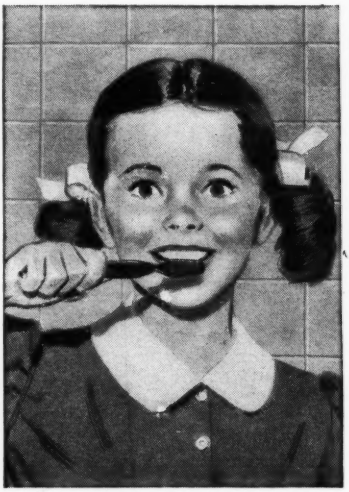
THE EVERYDAY MIRACLE OF CARIES CONTROL

In dental offices, and in homes, throughout the country, sound oral hygiene performs the everyday miracle of caries control. A dependable routine to combat dental caries requires three important factors working together.



1 **Your careful prophylaxis, treatment of cavities, and toothbrushing instruction.**



2 **Your patient's loyal cooperation in regular toothbrushing at home, as you instruct.**

3 **The use of a pleasant-tasting, cleansing dentifrice, such as IPANA.**

Clinical research shows regular toothbrushing with IPANA effectively removes food debris from gum margins, decreases tooth stain and brightens tooth color.

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